

# KEYA PAHA COUNTY SCHOOL

Superintendent-Dennis Peters

Principal-Luke Wroblewski

P.O. Box 219

101 Football Avenue

Springview, NE 68778

PHONE (402) 497-3501 FAX (402) 497-4321

Pleasantview Attendance Center  
402-832-5184

Springview Attendance Center  
402-497-2621

Dear Parents/Guardians:

The School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

If you are interested in purchasing STUDENT ASSURANCE please, pick up an application at the school office.

We encourage all families to have accident coverage on their children, prior to participation in any sports or school sponsored activity. Please read the entire policy offering to determine if this program is a needed supplement to your own primary health insurance. If you feel your coverage is adequate, please sign the bottom of this letter and return to the office.

**\*\*\*Major Expense Benefit-** designed primarily for families with no other insurance or with a high deductible: (see brochure). The options are:

	<u>Annual Premium</u>
A. <b>Full-Time</b> (24 hour) –with No Sports	\$99.00
<b>Full-Time</b> (\$69.00) –with All Sports (except football)	\$174.00
B. <b>School-Time</b> –with No Sports	\$16.00
<b>School-Time</b> –with All Sports (except football)	\$91.00
C. <b>Extended Dental Coverage</b>	\$9.00
D. <b>Football Coverage</b>	\$250.00

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to STUDENT ASSURANCE SERVICES, INC.
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and return the enrollment form to school within 10 days. Coverage does not become effective until the premium is received by the school.
5. **Questions about the plan may be directed to Dale Wamberg**, Agent, Student Assurance Services, Inc., 87724-549 Ave, Wausa, NE 68786-1523, (402) 586-2798 or (800) 328-2739.

Please sign and return the form to school, if you already have adequate insurance for your child.

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PARENTAL INSURANCE WAIVER

Student's Name \_\_\_\_\_

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_