

UNIFIED SCHOOL DISTRICT #243
LEBO JUNIOR/SENIOR HIGH SCHOOL
P.O. BOX 45 • LEBO, KANSAS 66856
Phone: (620) 256-6341 Fax: (620) 256-6342
Toll Free: (877) 684-7550

- Hand out to each student
1st day of school with
insurance envelope

We wish to emphasize that the school district provides accident insurance only for interscholastic athletic injuries, those injuries occurring in interscholastic competition, in practice and traveling to or from those events or practice in school provided transportation.

REASON'S TO PURCHASE THIS COVERAGE:

1. Deductibles and co-pay's in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance our benefits will be applied to your deductible or co-pay.

If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to- STUDENT ASSURANCE SERVICES, INC. or Complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to school within 10 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium is received and dated by the school.
5. All questions regarding the coverage should be directed to Student Assurance Services, Inc. at (651) 439-7098 or toll free 1-800-328-2739.

Please sign and return the information below if you already have adequate insurance.

Thank you,

PARENTAL INSURANCE WAIVER

Student's Name _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature _____

The program is underwritten by Ameritas Life Insurance Corp. located in Lincoln, Nebraska and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.

USD 243 Lebo -Waverly
Care, Custody, & Control Consent Form

Date _____

I, _____ father/mother of _____, give care, custody,
(name) (child's name)

and control of my child/children to _____ . My children will reside
(guardian)

with _____ at _____ and
(guardian) (address)

He/she will have full custody and financial responsibility for my child/children.
By assigning care, custody and control you are certifying that the above named students reside
at this residence and they provide the majority of the student's financial and residential needs.
It is the district's intent to monitor this residency and in the event the district feels that true
care, custody and control is not taking place the student will be removed from the current
attendance center and required to attend the attendance center of actual residency.

Father's signature

Mother's signature

Address of parents _____

Notary

Signed and sworn to before me on _____ by _____
(date) (name)

Signature of Notary Public _____

My appointment expires:

Seal: