STUDENT ASSURANCE SERVICES INCORPORATED

Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- High Deductible/Copayments to your Family's Primary Health Insurance
- No Health Insurance for your Student
- Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- Your Student is prone to injuries

Coverage Options Available Through Your School

- School Time Coverage - $16.00
- 24-Hour/Full-Time Coverage - $99.00
- Interscholastic Sports Coverage
  (w/School Time-$91.00 or 24 Hour Coverage-$174.00)
- Football Coverage - $250.00
  (Grades 9-12 for the football season)
- Extended Dental Coverage - $9.00

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: ***www.sas-mn.com***

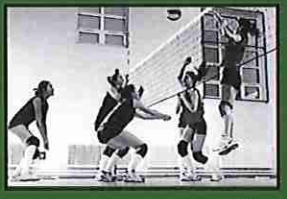
or scan this QR code with your smart phone to be directed to our website

Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- Purchase Coverage
  (Managed Online or by Printing/Mailing Enrollment Form and premium)
- Brochure (English & Spanish)
  (Explains medical benefits, exclusions and coverage options)
- Claim Form
  (fillable form when enrolled student sustains injury)

For Questions, Call Student Assurance Services at (800) 328-2739






Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

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Dear Parents/Guardians:

Jonesville Community Schools is not responsible for any accidental injuries that occur to students while under the school's supervision or participating in interscholastic sports.

Our School District has partnered with Student Assurance Services to give families the opportunity to purchase accident insurance for their student(s). When enrolled, this coverage provides financial assistance with your out-of-pocket medical expenses should your student sustain an accidental bodily injury.

Reasons to consider coverage for your student:

1. Your primary health insurance has a high deductible – copay – coinsurance.
2. No other insurance on your student.
3. Your student participates in a sport where unexpected injuries commonly occur.

This policy will start August 1, 2022.

Coverage Options Available	Annual Premium
School Time Coverage (Not Including Interscholastic Sports 7-12) Provides benefits during school sponsored & supervised class/activities ONLY	**$16.00**
School Time Coverage (Includes Interscholastic Sports) Provides benefits during school sponsored & supervised class/activities/interscholastic sports (Grades 7-12 Except Football Grades 9-12)	**$91.00**
Football Coverage Grades 9-12 Provides benefits to athletes when practicing and competing during the football season	**$250.00**
Full Time Coverage (Not Including Interscholastic Sports 7-12) Provides benefits for students 24 hours a day, 7 days a week	**$99.00**
Full Time Coverage (Includes Interscholastic Sports) Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	**$174.00**
Extended Dental Coverage Provides additional benefits for students 24 hours a day for any dental accident	**$9.00**
▪ **Coverage can be purchased any time during the school year**	

To Enroll Your Student & Review Medical Benefits Visit:

www.sas-mn.com

Scan QR Code with Phone

If you have any questions regarding this voluntary student accident insurance program, please contact Student Assurance Services at (800) 328-2739. You will speak with a live person who can assist you with your questions.

PROOF OF CLAIM

There is a timely filing period of one year and ninety days. Do not wait to send information as this may result in claim denial.

Email, Fax or Mail completed form to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MINNESOTA 55082

NOTICE: Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

CLAIM PROCEDURE:

1. A school official must complete and sign PART A*.
2. The student's parent or guardian must complete PART B.
3. See Page 2 for important claim procedures.

TO BE COMPLETED BY A SCHOOL OFFICIAL

PART A: NOTICE OF INJURY

1. Name of School _____ School District Name _____
   School Address _____ (City) (State) (Zip)
2. Name of Student _____ Grade _____
3. Date of Injury _____ ☐ AM ☐ PM
4. Under whose supervision? _____ Was he/she a witness? _____
5. The accident was incurred while the Insured was participating in:

INTERSCHOLASTIC SPORTS

☐ Practice ☐ Travel to/from Sport
☐ Game
What Sport? _____

NON-INTERSCHOLASTIC SPORTS

☐ Travel to/from School ☐ Non-school activity
☐ In classroom ☐ Physical Education
☐ Other - Activity _____
☐ On school grounds

6. Part of the body injured _____ ☐ Left ☐ Right
7. Describe in detail how and where the injury occurred _____

Reported by _____
(Signature of School Official) (Title) Date(mm/dd/yyyy)

(*Part A may be completed by the parent if Full-Time Coverage was purchased.)
IMPORTANT INFORMATION ON Page 2

TO BE COMPLETED BY A PARENT OR GUARDIAN

PART B: PARENT STATEMENT

1. Students Name _____ Date of Birth _____ Date (mm/dd/yyyy)
   Students Social Security # _____ - _____ - _____
   Parents Name _____ Relationship to Insured _____
   Mailing Address _____ (Street, Route, Box, Apt., or Lot #) (City) (State) (Zip)
2. Home phone number _____
3. Father's Occupation _____ Employer _____
   Mother's Occupation _____ Employer _____
4. Do you have insurance coverage? ☐ Yes ☐ No Is the student covered under your insurance plan? ☐ Yes ☐ No
   Name of Insurance Company _____
   ☐ Group ☐ Individual ☐ Medicaid ☐ CHIP ☐ Tricare ☐ None

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed. By entering my name below, I am indicating my intent to sign this claim form and warrant that all of the information provided is true, complete, and accurate.

_____ _____ _____
Date (mm/dd/yyyy) (Print Name of Student/Patient) (Signature of Parent or Guardian)

TO PARENT OR GUARDIAN:

STEPS TO FOLLOW WHEN FILING A CLAIM:

1. Only one Student Assurance Services, Inc. (SAS) completed claim form for each accident needs to be submitted. Students must be treated by licensed physician or facility within the required time as stated in the policy.

2. The claim form and benefit summary are available at SAS website: **www.sas-mn.com**. However, using this form is not a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when the claim is submitted, subject to all applicable terms, conditions, limitations and exclusions of the plan.

3. A school official **must** complete Part A of the claim form for all school related accidents. The parent or guardian must complete Part B – Parent Statement of the claim form. Answer all questions on the claim form. If the accident is not school related, the parent or guardian **may** complete both Part A and Part B.

4. Submit copies of the student's **itemized bills** with the completed claim form. **Balance due statements cannot be processed.** These itemized bills often called UB-04 or CMS-1500 provide the Address, Date of Service, Procedure Code, Diagnosis Code, Federal Tax ID Number and NPI number of the treating physician or facility. **This plan has a timely filing deadline, do not wait to send information.**

   Note: A copy of the claim form can be given to the treating physician or facility. The provider may submit UB-04 or CMS-1500 itemized bills directly to SAS on the student's behalf. However, do NOT depend on the provider to submit the claim form or itemized bills to SAS. It is the parent/guardian's responsibility to provide this information.

5. **Submit copies of the itemized bills to the student's primary family and/or group insurance company first**, even if the other insurance plan has a large deductible or copay. This plan pays second or is supplemental to all other valid coverage (does not apply to SAS primary plans). This plan does not cover penalties imposed for failure to use providers preferred or designated by the other primary insurance plan. The other insurance plan will provide an Explanation of Benefits (EOB) showing payment, write-off, deductible, copay, and coinsurance.

6. Mail, fax, or email the completed claim form, student's itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MN 55082-0196
Fax: (651) 439-0200
Email: claims@sas-mn.com
Phone Number: 1-800-328-2739

NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED TO SAS:

1. **Completed Claim Form**
2. **Itemized Bills (UB-04 or CMS-1500)**
3. **Explanation of Benefits (EOB) from the primary insurance plan**
4. **FOR DENTAL CLAIMS - American Dental Association Standardized itemized billing form**

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.