

## Student Insurance Information and Waiver

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

**REASONS TO PURCHASE THIS COVERAGE:**

1. Deductibles and co-pays 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.

The options are:

Coverage Options	Annual Premium
<b>School Time Coverage (Not including Interscholastic Sports)</b> Provides benefits for accidents during school hours ONLY	<b>\$16.00</b>
<b>School Time Coverage Includes Interscholastic Sports</b> Provides benefits for accidents during school hours as well as participating in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	<b>\$91.00</b>
<b>Football Coverage Grades 9-12</b> Provides benefits to athletes when practicing and competing during the football season	<b>\$250.00</b>
<b>Full time Coverage (Not including Interscholastic Sports)</b> Provides benefits for students 24 hours a day, 7 days a week	<b>\$99.00</b>
<b>Full Time Coverage Includes Interscholastic Sports</b> Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	<b>\$174.00</b>
<b>Extended Dental Coverage</b> Provides additional benefits for students 24 hours a day for any dental accident	<b>\$9.00</b>

In making application for coverage, please read the attached brochure explaining coverage options carefully.

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to- STUDENT ASSURANCE SERVICE, 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 the school within 10 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by the school.
5. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please answer the following question with **YES** on the online registration if you already have adequate insurance:

**Does your son or daughter have adequate insurance to protect them in case of an accident?**

Thank you,



Superintendent





# Student Accident Insurance

## Policy Identification Form and Claim Procedures

**Company:** Student Assurance Services, Inc.  
P.O. Box 196  
Stillwater, MN 55082  
800-328-2739  
**www.sas-mn.com**  
Monday-Friday 8:00am to 4:30pm Central

**Website:** **www.sas-mn.com**  
K12 Students/Parents  
Find My School

**Provides:** List of the states (choose yours)  
List of schools (choose yours)  
Summary of Benefits  
Claim Form

Policyholder Name: \_\_\_\_\_  
Policy School Year: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**Using this Policyholder ID is NOT a guarantee of benefits or confirmation of coverage under the plan. Benefits will be evaluated when a claim is submitted for payment.**

**Completed Student Assurance Services, Inc. claim form must be submitted prior to or along with itemized bills.**

**Student may use either a social security number or date of birth as personal member ID.**

### To File a Claim

- Claim form is available at school or website **www.sas-mn.com**
- School must complete Part A for school related injuries.
- Parents complete Part B. Answer all questions.
- Submit copies of itemized bills to other medical and dental coverage first, the student insurance plan pays after other insurance (primary in Idaho, South Dakota).

**Submitting the claim and related expenses are parent responsibility. DO NOT rely on your medical provider or school to send information.**

### Parents send:

- Completed claim form
- Providers can bill us directly. You may give them a **COPY** of the claim form which includes the school district name and our mailing address.
- Explanation of benefits (EOB) from your primary insurance showing write-off, co-pay, co-insurance, deductible and/or payment.
- If providers will not bill Student Assurance Services, Inc. directly please send Itemized bills, **not statements**, that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor often called (UB-04 hospital and CMS 1500 doctor). Balance due statements can not be processed.
- Send above information directly to: **Student Assurance Services, Inc.**

**P.O. Box 196  
Stillwater, MN 55082**

**Please allow 30 days before calling to check the status of your claim. If you have not heard from us within 30 days of submission, please contact us at 1-800-328-2739**

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