LEAD-DEADWOOD SCHOOL DISTRICT #40-1



320 South Main Street Lead, South Dakota 57754 Phone: 605-717-3890 Fax: 605-717-2813



MISSION

Our students will graduate equipped with the skills needed to be successful and responsible citizens.

Superintendent	Board Members
Dr. Erik Person	Suzanne Rogers, President
	Tim Madsen, Vice-President Tessa Aller
Secretary	Amber Diers
Mary Schumacher	Amber Vog
Dear Parents:	
The school district does not provide ar school.	ny type of health or accident insurance for injuries incurred by your child at
child at a very nominal cost. The distri	ies, our school is making available a student accident insurance plan for your ict offers this program because of trends in rising family health and dental co-payments, or lack of health or dental insurance coverage.
REASONS TO PURCHASE THIS COVERA	GE:
 Deductible and co-pays in your he expenses. 	alth plan. Many health plans have increased the amount of out-of-pocket
2. No insurance.	
This plan will provide benefits for med	ical expenses incurred because of an accident. If you have other insurance,
benefits can be applied to your deduct	and the second s
If you have no other insurance, this wil	l become your primary accident plan.
PURCHASE COVERAGE ON-LINE (with "Find Your School."	Visa or MasterCard) at <u>www. 1 stAqencv.com</u> and then follow directions at
All questions regarding this coverage sl 6298.	nould be directed to First Agency at (269) 381-6630, or toll free at (800) 243-
Please sign and return the information	below if you already have adequate insurance.
Thank you,	
1	Superintendent Lead-Deadwood School District 40-1
	PARENTAL INSURANCE WAIVER
Student's Name	
We have adequate insurance to protect	t our son/daughter in case of an accident.

Parent's Signature ______ Date _____