



Dear Parents:

We wish to emphasize that the school district does not provide any type of health or accident insurance for injuries incurred by your child at school. As a service to students and their families, the school district is making available a student accident insurance plan for your child at a very nominal cost.

The premium for this policy is minimal per year for school-time coverage. All school-sponsored and supervised activities and time spent in school are covered in accordance with the terms and limitations of the policy. For an increased premium, the policy will cover your child 24-hours a day, 12 months a year, rather than only during school-time. For students in grades 9-12 there are additional options available to cover interscholastic football.

***Benefits and rates accompany this letter. Brochures and applications, which explain the plan and details of coverage, are available in each building or on the district website at [www.waterford.k12.mi.us](http://www.waterford.k12.mi.us) under the Parent Resources link, Health and Wellness, Student Insurance. Please read the brochure carefully so that you understand the extent of the coverage.***

#### **REASONS TO PURCHASE THIS COVERAGE:**

- ◆ Deductibles and co-pays in your current health plan. Many health plans have increased the amount of out-of-pocket expenses.
- ◆ No primary insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays. If you have no other insurance this plan will become your primary accident plan.

The plan is underwritten by the Guarantee Trust Life Insurance Company. The agent is First Agency, Inc., at 5071 West H Avenue, Kalamazoo, Michigan 49009-8501.

#### **To enroll your child in this accident plan, it is necessary to proceed as follows:**

1. Obtain an application in the school office or on the district website.
2. Detach and complete the envelope. Be sure to retain the descriptive brochure for later reference.
3. Print name, address, and other information clearly.
4. Enclose the correct premium (**no cash--check or money order only made payable to First Agency, Inc.**), seal, affix postage and mail directly to First Agency. To pay by credit card see below.
5. Questions regarding this coverage can be directed to First Agency, Inc. @ (269) 381-6630.

- ◆ **NOTE:** Coverage becomes effective as soon as the application and premium are received at First Agency or the 1<sup>st</sup> day of school, whichever is later. For coverage purchased for interscholastic football or other fall sports starting prior to the first day of school, the effective date will be the date the application and premium are received by First Agency.

To purchase coverage on-line go to [www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm) and then follow directions by choosing STATE and SCHOOL DISTRICT. VISA and MasterCard are accepted. Once there you can obtain a complete brochure outlining benefits and exclusions, print an ID card or obtain claim forms.

We are pleased to make this student accident insurance plan available.