



School District of Omro
455 Fox Trail, Omro, WI 54963

ATHLETIC DEPARTMENT 2019-2020 SCHOOL YEAR

Dr. Jay Jones
Superintendent

Danielle Schmick
Principal
High/Middle School

David Wellhoefer
Principal
Elementary School

Amanda Potratz
Business Manager
& H.R. Director

Dear Parents/Guardians:

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

We encourage all families to have accident coverage on their children, prior to participation in any *interscholastic sports* or if a family's current primary health insurance has a high deductible, Co-Insurance Clause and/or limitation on medical benefits. If you feel your primary health coverage is adequate, please sign the bottom of this letter and return to a school employee.

The options are:

Coverage Options	Annual Premium
School Time Coverage (Not including Interscholastic Sports) Provides benefits for accidents during school hours ONLY	\$16.00
School Time Coverage Includes Interscholastic Sports Provides benefits for accidents during school hours as well as participating in 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) 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

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

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order 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 summary of coverage, and send the envelope to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please ***sign and return*** form below if you already have adequate insurance.

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PARENTAL INSURANCE WAIVER

Student's Name _____ School _____ Grade _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while attending regular school session and/or participating in interscholastic sports.

Parent's/Guardian's Signature _____ Date _____