

WILSON CREEK SCHOOL DISTRICT

PO BOX 46 | 400 NAVAR STREET
WILSON CREEK, WA 98860

TELEPHONE (509) 345-2541
FAX (509) 345-2288

Re: Student Injuries and Insurance
2012-2013 School Year

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000s of others by offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverages for 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$21 (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a *Student Health Care Plan* (recommended if your child has no other health insurance) and a *pharmacy discount program* for your entire family. Whether your child currently has no other coverage or you want to “fill in the gaps” in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you’ll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Note - Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you’ll also be sent information regarding a newly available *Supplemental Catastrophic Injury Plan* that can cover up to \$500,000/injury for up to five years.

If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,

Kaci Anderson
District Secretary

As parent/guardian of _____, I understand that the School does not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

I will enroll my child in the program I choose not to enroll my child in the program

Signed _____ Date _____