

SACRED HEART SCHOOL

1820 Fulton Street
Falls City, NE 68355

Phone: 402-245-4151

Fax: 402-245-5217

Dear Parents/Guardians:

Enclosed is information concerning insurance coverage for students at Sacred Heart School for the 2016-17 school year. Please read the entire policy offering to determine if this program is a needed supplement to your own current primary health insurance program. **If you feel your coverage is adequate, please sign the bottom of this letter and return to your coach, Mr. Goltz (AD) or to Cathy O'Grady in the school office.**

Please know that, while Sacred Heart does provide catastrophic accident insurance for all students, the school does not provide regular health and/or accident insurance for injuries incurred by your child at school. We do encourage all families to have accident coverage for their children prior to participation in any sports or school sponsored activity.

The options are:

		Annual Premium	With Major Expense Benefit
Full-time [24 hours] with no Sports Coverage	Grades PK-12	\$ 99.00	\$190.00
Full-time [99.00] with all Sports coverage except football for grades 9-12	Grades 7-12	\$164.00	\$255.00
School-Time – with No Sports	Grades PK-12	\$ 16.00	
School-Time – with all Sports (except football, grades 9-12)	Grades 7-12	\$ 81.00	
Extended Dental Coverage	Grades PK-12	\$ 9.00	
Football Coverage for Grades 9-12 Football, grades 7 & 8, are covered by the All Sports Coverage [See above.]	Grade 9-12	\$250.00	

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

1. Print name, address and other information clearly on the enrollment form.
2. **Make check or money order payable to STUDENT ASSURANCE SERVICES, INC.**
3. Print Student's name on the face of the check.
4. **Detach and retain summary of coverage, parents will mail the premium directly to Student Assurance. Coverage does not become effective until the premium is received by Student Assurance. (master policy date begins 8-1-16).**
5. Questions about the plan may be directed to Dale Wamberg, Agent, Student Assurance Services, Inc., 87724 – 549 Ave., Wausa, NE 68786-1523, (402) 586-2798 or (800) 328-2739.

Note: If your family already has adequate insurance for your child, please sign the waiver below and return it before the first day of practice or activity.

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We [I] the undersigned, have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's/Guardian's Signature _____ Date _____
(Please return entire form.)