



Northland Pines High School

1800 Pleasure Island Road • Eagle River, WI 54521
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www.npsd.k12.wi.us

PRINCIPAL

Scott Foster

PARENT/GUARDIAN INSURANCE WAIVER 2016-17

Dear Parent/Guardian:

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.

We encourage all families to have accident coverage on their children (prior to participation in any sports or school sponsored activity). Please read the entire policy offering to determine if this program is a needed supplement to your own primary health insurance. If you feel your coverage is adequate, please sign the bottom of this letter and return that information to school.

The options are:

		<u>Annual Premium</u>
A. Full-Time (24 hour) - with No Sports	Grades PK-12	\$ 89.00
Full-Time - with All Sports	Grades PK-12	\$ 154.00
(except football, Grades 9-12)		
B. School-Time - with No Sports	Grades PK-12	\$ 14.00
School-Time - with All Sports	Grades PK-12	\$ 79.00
(except football, Grades 9-12)		
C. Extended Dental Coverage	Grades PK-12	\$ 8.00
D. Football ONLY Coverage	Grades 9-12	\$ 185.00
(football Grades 7 & 8 is included in the All Sports Coverage)		

IN MAKING APPLICATION FOR COVERAGE, PLEASE READ BROCHURES EXPLAINING OPTIONS CAREFULLY.

1. Print name, address, and other information clearly on the enrollment form.
2. Enclose a check or money order made 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 the summary of coverage, and return the enrollment form to school within 10 days.
Refer to "What are the Effective and Expiration Date of Coverage?" in the brochure.
5. All questions regarding this coverage should be directed to Student Assurance Services, Inc. at (651)-439-7098, or toll free 1-800-328-2739.

Please sign and return this information if you already have adequate insurance. Thank you.

Student's Name _____

We feel we have adequate insurance protection for our son/daughter in case of an accident, while practicing or participating in sports or a school-sponsored activity.

Parent/Guardian's Signature _____ Date _____