



**Holly Springs School District**  
Dr. Irene Walton Turnage, Superintendent of Education

---

Protecting the health and welfare of students is a concern that all school administrators face each and every day. Student Accident Insurance helps ease those concerns by providing benefits for injuries that occur during school hours and or school sponsored and supervised activities (i.e. athletics, gym class, playground, field trips, JROTC, etc). Student accident insurance serves to reduce or completely eliminate any out of pocket expenses not paid by primary coverage including copays, deductibles, coinsurance, etc, and will pay on a primary basis in the absence of other collectible coverage.

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

**REASONS TO PURCHASE THIS COVERAGE:**

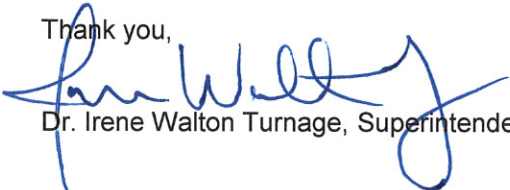
1. **Deductibles and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses. This plan will pay all or most of the deductibles and co-pays that you may be out of pocket in the event of an injury.**
2. **No insurance.**

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay. If you have no other insurance this will become your primary accident plan. (See Rates on Reverse Side)

To purchase coverage:

1. Go to website: [www.sas-mn.com](http://www.sas-mn.com)
  - a. Click under K12 'Find My School'
  - b. Choose State
  - c. Choose School District
  - d. Follow instructions to choose plan and make payment online
  - e. Print proof of coverage
2. Coverage will become effective at 12:01 a.m. following the date the enrollment is made online and premium are paid.
3. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at 800-328-2739.

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

Thank you,  
  
Dr. Irene Walton Turnage, Superintendent

\*\*\*\*\*

**PARENTAL INSURANCE WAIVER**

Student's Name \_\_\_\_\_

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Rates for Voluntary Coverage

<u>Basic Plan</u>		<u>Premier Plan</u>	
Full Time Coverage (grades PK-12)		Full Time Coverage (grades PK-12)	
- Excludes Football	\$85.00	- Excludes Football	\$152.00
School-Time Coverage (grades PK-8)		School-Time Coverage (grades PK-8)	
- Excluded Football	\$15.00	- Excluded Football	\$ 28.00
School-Time Coverage (grades 9-12)		School-Time Coverage (grades 9-12)	
- Excluded Football	\$48.00	- Excluded Football	\$ 90.00
Football Coverage	\$116.00	Football Coverage	\$240.00
(grades 10-12 & grades 7-9 if practicing or participating in 10-12 Football)		(grades 10-12 & grades 7-9 if practicing or participating in 10-12 Football)	
Extended Dental Coverage (grades PK-12)	\$ 9.00	Extended Dental Coverage (grades PK-12)	\$ 9.00
<p>Note: Full Time is 24-hour coverage which extends to accidents which may occur at home or anywhere else not school related</p>			

*The program is underwritten by Security Life Insurance Company of America located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.*