



MCDONELL AREA CATHOLIC SCHOOLS

Est. 1882

1316 BEL AIR BLVD., CHIPPEWA FALLS, WI 54729 • TEL 715.723.0538 • FAX 715.723.1501 • WWW.MACS.K12.WI.US

McDonnell Area Catholic Schools does not provide any type of health or accident insurance for injuries incurred by your child at school. Since children are particularly susceptible to injuries, we encourage you to review your present health insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. This plan will provide benefits for medical expenses incurred because of an accident. An explanation of the cost and benefits is explained on the enclosed premium envelope.

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 to the school office.

The options are:

Annual Premium

A. Full-Time (24 hour) - with No Sports	Grades K-12	\$ 89.00
Full-Time (\$89.00) – with All Sports	Grades 7-12	\$154.00
B. School-Time – with No Sports	Grades K-12	\$ 14.00
School-Time – with All Sports (except football, Grades 9-12)	Grades 7-12	\$ 79.00
C. Extended Dental Coverage	Grades K-12	\$ 8.00
D. Football Coverage (football, Grades 7 & 8 are covered by the All Sports Coverage)	Grades 9-12	\$185.00

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

1. Print name, addresses 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 the summary of coverage, and return 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 the form below if you already have adequate insurance.

Thank you,
Jeffrey Heinzen, MACS President

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____ School Year 2018-19

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports.

Parent's/Guardian's Signature _____