



Debbie Laszlo, Benefits / Risk Manager
P: 541.923.8249
F: 541.923.8903
145 SE Salmon Drive, Redmond, OR 97756

NOTICE: STUDENT ACCIDENTS ARE NOT COVERED BY DISTRICT INSURANCE!

Dear Parents:

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REDMOND SCHOOL DISTRICT DOES NOT PROVIDE STUDENT ACCIDENT INSURANCE.

However, **you may purchase** this coverage for school accidents through a special program offered to the district.

Enclosed is a flyer offering student accident coverage for your child through online enrollment. If your family is already covered by health and accident insurance, you may not need this additional coverage. Contact your insurance agent to be sure.

The student accident insurance policy provides benefits for loss due to a covered injury up to the maximum benefit of \$25,000 for each injury. If you are interested in this coverage or want to learn more, please follow instructions on the flyer and go online to www.studentinsurance-kk.com.

You may purchase 24 Hour Coverage, At School Coverage, and/or High School Football coverage with low or high options, and you make just one payment to buy coverage for the year. Prices begin at \$105.00 for minimum coverage up to \$438.00 for the High Option with 24 hour coverage for all athletics including football. The website will provide a detailed explanation including all of your options. Be sure to have your credit card or eCheck information handy as you will pay for the insurance electronically when enrolling.

After you have completed the enrollment, print a copy of the confirmation for your records. A copy of the confirmation of your new insurance must be received at the school office prior to participation in extra-curricular sports. If you do not wish to purchase student insurance, please complete the form below and return it to the school office.

The Redmond School District endorses this plan but it is not responsible for the administration of the plan. The contract is between you and the insurance carrier. The insurance agent, PayneWest Insurance (541-475-2249) is authorized to assist you with any questions or problems you may have regarding student accident insurance.

Yours truly,

Debbie Laszlo

Debbie Laszlo
Benefits/Risk Manager

DATE:	STUDENT NAME:	SCHOOL:
<input type="checkbox"/> We have elected TO PURCHASE student accident insurance coverage for the 2016-2017 school year (see confirmation).		
<input type="checkbox"/> We have elected NOT TO PURCHASE student accident insurance coverage for the 2016-2017 school year because:		
<input type="checkbox"/> We have other insurance that covers student accident costs.		
<input type="checkbox"/> We will be responsible for student accident coverage ourselves.		
PARENT/GUARDIAN SIGNATURE: _____		

