

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

HOW TO ENROLL

1. Select the desired coverage(s) from the options listed. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope. Mail to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration dates during the current school year.

REMEMBER TO DETACH AND PLACE THE COMPLETED ENROLLMENT FORM WITH THE PREMIUM PAYMENT (CHECK OR CREDIT CARD INFORMATION) AND MAIL TO: Student Assurance Services, Inc.
P.O. Box 196, Stillwater, MN 55082-0196

In order to make coverage effective, please return this completed enrollment form as soon as possible.

DATE RECEIVED _____



ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

↑ STUDENT'S LAST NAME ↑	(one letter in each box)
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STUDENT'S FIRST NAME _____ M.I. _____

Please Print

Address _____
(Street)

(City) (State) (Zip)

Email Address _____

Name of School _____

Name of District _____

Student's Age _____ Grade _____ Phone _____

X _____
(Signature of Parent or Guardian) (Date)

GAA-2203Ed. 11-16

COVERAGE PLANS

**One Time Policy
Year Premiums**

	Full Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 99
	Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	<input type="checkbox"/> \$174
	School Time Coverage (Does NOT Include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 16
	School Time Coverage AND Interscholastic Sports Coverage (does not include Football Grades 9-12)	<input type="checkbox"/> \$ 91
	Football Coverage (Grades 9-12)	<input type="checkbox"/> \$250
	Extended Dental Coverage (Grades PK-12)	<input type="checkbox"/> \$ 9

DO NOT SEND CASH

TOTAL PREMIUM

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

DATE RECEIVED BY SCHOOL _____
(Must be dated by a school official)

G-1511-1513

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT FORM

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION SHOWN ABOVE.

There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)

Please charge \$ _____ + \$5.00 Processing Fee = \$ _____ to the following credit card: VISA® , MasterCard®, or Discover®

Credit Card Number	Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)	Credit card billing will state: "Student Assurance Services, Inc."
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ - _____

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DETACH - Place inside envelope

G-1511-1513



Student Injuries Can Happen

Offered to Families with Students - Grades PK-12

Approved By Your School/School District

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
 - ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
 - ◆ 24-Hour/Full-Time Coverage - \$99.00
 - ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
 - ◆ Extended Dental Coverage - \$9.00
- Premium Paid Once a School Year*

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

1. Click "Enroll" in K-12 Students & Parents
2. Select State and School/District
3. Select "Brochure" to review medical benefits, coverage options, and rates.

Parents can either print and complete the enrollment form to mail with check/money order or:

You Can Purchase Coverage Online:

- Select "Purchase Online"
- Complete online application (more than one student can be enrolled)
- Pay by Credit Card/Debit
- Print ID Confirmation after transaction is successful

Accidents Can Happen and Medical Expenses are One of the Biggest Financial Hardships for Families Every Year.

For Questions, Call (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company