

# EVANSVILLE SCHOOL DISTRICT ATHLETICS

640 South Fifth Street  
Evansville WI 53536  
(608) 882-3506

Brian Cashore, Athletic Director

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Dear Parent:

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.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident 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 premium envelope.

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.

In making application for this coverage, please read the envelope explaining the coverage carefully. The following instructions apply:

1. Print names, addresses and other information clearly.
2. Please 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 send 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. All questions regarding the coverage should be directed to Student Assurance Services, Inc., Stillwater, Minnesota (651) 439-7098, or toll free 1-800-328-2739.

Thank you.

Please **sign and return** this form.

Initial **either** the line that you have adequate insurance or the line that you have purchased Accident Coverage.

Student's Name \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or participating in Interscholastic Sports. We understand the district does not provide insurance coverage for accidents that occur at school.

\_\_\_\_\_ We have purchased accident insurance coverage through Student Assurance Services and have mailed the premium envelope directly to them.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_