

**ALL PARENTS MUST READ AND COMPLETE THIS FORM**

Dear Parents:

Saint Paul Lutheran High School is pleased to provide supplemental accident insurance for students attending school. The accident insurance provides coverage only while students are in attendance during class times and other school supervised functions and activities. This program of insurance can be expanded to include 24-hour full time coverage that would provide benefits for injuries that may occur off campus, at home, during vacation periods and other times that are not considered school supervised activities. Please read the attached summary of coverage carefully and decide to accept or decline the opportunity to expand coverage to 24-hour protection. The cost of the coverage for 24-hour protection is \$55.00 with a \$0 deductible. The coverage would become effective on the first day of school. Coverage will continue for one year from date of beginning of school. The extended 24-hour coverage will also provide benefits for accidents that occur during the summer months.

| <b>ACCEPTS</b><br><b>Optional Extended 24-hour Student Accident Insurance</b>  | <b>DECLINES</b><br><b>Optional Extended 24-hour Student Accident Insurance</b>   |
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| <p>I have read the policy terms and elect to participate in the optional extended 24-hour student accident insurance program. I understand that the policy contains limits and may not cover all medical expenses and the school will not pay for any medical expenses not covered by the policy.</p> <p><i>Please do not sign unless you understand.</i></p> <p>ACCEPTS (Please check ( ) appropriate options.</p> <p>( ) Extended 24-Hour Option \$0 deductible-\$55.00 Up to 12 months accident insurance coverage during vacation and school time.</p> <hr/> <p align="center">Student's Name</p> <hr/> <p>X</p> <hr/> <p align="center">Signature of Parent or Guardian</p> <p>Date: _____</p> <p>Make Check Payable to: <b>Lutheran Trust</b></p> <p>Check NO. _____ Amount \$ _____</p> | <p>I have read the policy terms and elect to decline the optional extended 24-hour student accident insurance program. I understand that the school will not pay for any medical bills due to student injury, including the amount not paid by my personal insurance deductible (if any).</p> <p><i>Please do not sign unless you understand.</i></p> <p>DECLINES (Please check ( ) appropriate options.</p> <p>( ) We have other medical insurance with a \$_____ deductible</p> <p>( ) I do not have any insurance and decline to participate in the school policy.</p> <hr/> <p align="center">Student's Name</p> <hr/> <p>X</p> <hr/> <p align="center">Signature of Parent or Guardian</p> <p>Date: _____</p> |