

Student Name: _____ School: _____ Grade: _____ Room #: _____

STUDENT ACCIDENT INSURANCE

2010 - 2011

Dear Parents:

The Millbrae School District **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. To help you provide coverage for your child, the district is making available a low cost medical/dental accident insurance program.

The purpose of this plan is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plan does not provide unlimited coverage, but does offer substantial assistance in the event of injury.

There are two levels of benefits available. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School Time" or "24-Hour" (all day, everyday) basis and can **cost as little as \$10 (one time annual payment)**. **Please visit your Childs school office to obtain a detailed brochure/application.** Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

Since the district does NOT provide medical/dental accident insurance, we urge that serious consideration be given to the program. The application is available in the school office. To purchase the plan, complete the application, enclose payment, and follow the instructions on the brochure.

The plans pay the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

You must complete the information below, sign and return this letter to your teacher. If you have further questions, please call Pacific Educators, Inc., Student Accident Department at (800) 722-3365 or (714) 639-0962.

Sincerely,

Cynthia Shieh
Chief Business Official

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As parent/guardian of _____, I understand that the Millbrae School District **does not** provide medical insurance for student injuries but does make a voluntary student insurance program available. I understand that the student accident insurance information is available in the office.

Signature: _____
Parent/Guardian

Date _____