



SCHOOL DISTRICT OF MARATHON

204 EAST STREET • MARATHON WI • 54448-0037 • (715) 443-2226

Richard T. Parks
Administrator

David Beranek
HS Principal

Sarah Budny
ES/MVA Principal

Dear Parents/Guardians:

In the past couple years, the District has carried a Catastrophic Accident Insurance Plan for students while they are at school or a school-sponsored (non-athletic) school activity.

The District also makes available and encourages all families to review the possibility of having accident coverage on their children, prior to any interscholastic sports or if the family's current primary health insurance has a high deductible, Co-Insurance Clause and/or limitation on medical benefits. If you feel your primary health coverage is not adequate, the following options are made available through Student Assurance Services, Incorporated (form enclosed) and may be purchased independently by families.

Coverage Options	Annual Premium
School Time Coverage (Not including Interscholastic Sports) Provides benefits for accidents during school hours ONLY	\$ 16.00
School Time Coverage Includes Interscholastic Sports Provides benefits for accidents during school hours as well as participating in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 91.00
Football Coverage Grades 9-12 Provides benefits to athletes when practicing and competing during the football season	\$ 250.00
Full Time Coverage (Not including Interscholastic Sports) Provides benefits for students 24 hours a day, 7 days a week	\$ 99.00
Full Time Coverage Includes Interscholastic Sports Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 174.00
Extended Dental Coverage Provides additional benefits for students 24 hours a day for any dental accident	\$ 9.00

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order 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 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. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Sincerely,

Richard Parks, Ed.S.
District Administrator

