

**SCHOOL DISTRICT**

**LETTERHEAD**

Hand out to each student  
1<sup>st</sup> day of school or prior to first day of practice  
Insurance Envelope

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

As a service to students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost.

**REASONS TO PURCHASE THIS COVERAGE:**

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.

If you have no other insurance this will become your primary accident plan.

**To purchase coverage:**

1. Print name, address, and other information clearly.
2. Please enclose a check or money order made payable to — **FIRST AGENCY, INC.** If paying by credit card see below to purchase coverage on-line.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to First Agency, Inc. Coverage does not become effective until the later of the date premium is received at First Agency, Inc. or the 1<sup>st</sup> day of school.
5. For coverage purchased for interscholastic football or other fall sports starting prior to the first day of school, the effective date will be the date the application and premium is received by First Agency, Inc.
6. All questions regarding this coverage should be directed to First Agency, Inc. @ (269) 381-6630, or toll free @ (800) 243-6298.

Please sign and return the information below if you already have adequate insurance.

**OR**

Purchase coverage on-line (with Visa or Mastercard) at [www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm) and then follow directions by choosing STATE and SCHOOL DISTRICT.

Thank you,

\_\_\_\_\_ (title)

**PARENTAL INSURANCE WAIVER**

Student's Name \_\_\_\_\_

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_