

****IMPORTANT****

PLEASE RETURN THIS FORM ASAP

We are again offering supplemental insurance from Guarantee Trust for your child/ren. This insurance does have separate football coverage for high school only.

	<u>STANDARD PLAN</u>	<u>DELUXE PLAN</u>
24 Hour Pre K-12	\$116.00	\$248.00
At School Protection		
Pre K-8	\$23.00	\$52.00
9-12	\$46.00	\$105.00
Football Coverage 9-12	\$162.00	\$369.00

If you are interested in purchasing this insurance, please check the appropriate spot on this form, return it to school as soon as possible and we will send you the information you need.

OR

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

(We do require that any student participating in extra-curricular activity during the school year be covered by some medical insurance plan.)

Please complete the remainder of this form and return it to the school office as soon as possible. We need the following information to be a part of your student's records.

Student's Name/s (please print) _____

Signature of Parent/Guardian _____

Date _____

My son/daughter is covered under the following insurance and physician:

Name of Insurance Company _____

Policy Number _____

Name of Physician _____

Phone Number of Physician _____

Yes, I want to purchase the Guarantee Trust insurance. Please send me the information needed.

My family is covered by other insurance. I am not interested in the supplemental insurance.