

Tri-County Schools

Independent School District 2358

ADMINISTRATION

Ryan Baron Superintendent
K-12 Principal
Heidi Hanson Dean of Students
Gary Taylor Athletic Director
Denise Lund Business Manager
Megan Hanson Administrative Assistant
Heidi Spilde High School Secretary

District Office

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Karlstad, MN 56732

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High School Office

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BOARD OF EDUCATION

Jenica Swenson Chairperson
Holly Burkel Vice Chairperson
Mark Koland Clerk
Kim Olson Treasurer
Jenalea Duray Director
Stephen Murray Director
Denise Sollund Director

Dear Parents/Guardians:

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

We encourage all families to have accident coverage on their children, prior to participation in any *interscholastic sports* or if a 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 adequate, please sign the bottom of this letter and return to a school employee.

The options are:

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 the brochure explaining coverage 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 return the enrollment form to the school within 15 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by 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.

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

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PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while attending regular school session and/or participating in interscholastic sports.

Parent's/Guardian's Signature _____ Date _____