

**\*\*\*\*ATTENTION PARENTS\*\*\*\***

**\*\*\*\*PARENTS – YOU ARE FINANCIALLY RESPONSIBLE\*\*\*\***

Under State Law, school districts are not liable for accidents which occur in school or at school activities. It is important to understand Comal ISD **“IS NOT”** responsible for medical payments or bills for your child. If your child is injured during **ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY**, all medical charges are **“YOUR RESPONSIBILITY”**.

COMAL ISD **HAS NOT PURCHASED** STUDENT ATHLETIC ACCIDENT INSURANCE FOR THE 2011-2012 SCHOOL YEAR. However, you have the opportunity to purchase student/athletic accident insurance. Please note that this is a limited benefit policy and any charges or expenses above the policy limits are **YOUR FINANCIAL RESPONSIBILITY**. The paperwork packet for next year’s athletic participation (including Physical Exam by Doctor) noted that at this time Comal ISD provides accident insurance but that policy expires July 31, 2011. COMAL ISD **WILL NOT BE PURCHASING** STUDENT ATHLETIC ACCIDENT INSURANCE FOR THE 2011-2012 SCHOOL YEAR.

**THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES**

Voluntary Student/Athletic Accident Insurance Options (Annual Premiums):

	NO UIL Coverage	WITH UIL ACTIVITY COVERAGE
School Time Coverage	\$20.00	\$95.00
24 Hr. Coverage	\$90.00	\$165.00
Dental (24 Hr.)	\$9.00	\$9.00
High School Football	N/A	\$280.00

**\*\*\*\* Any student participating in High School Football that wants coverage must purchase the “Varsity Football Coverage”. Even if the high school student is not on the varsity football team, they will not be covered unless they are enrolled in the “Varsity Football Coverage”. \*\*\*\***

To enroll your child in the “Voluntary Student/Athletic Accident Insurance” plan:

1. Contact the school or the high school Athletic Trainer for an application or
2. Go online to [www.thebrokeragestore.com](http://www.thebrokeragestore.com)
3. Make check or money order payable to STUDENT ASSURANT SERVICES
4. All major credit cards are accepted
5. For any other questions, contact The Brokerage Store, Inc. at 800-366-4810 or 210-366-4800

**\*\*\*The above is just a brief description of rates and benefits available under the plan. This is not a contract, policy or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.**

**COMAL ISD DOES NOT PROVIDE HEALTH OR ACCIDENT INSURANCE FOR INJURIES INCURRED BY YOUR CHILD AT SCHOOL OR DURING PARTICIPATION IN SCHOOL ACTIVITIES.**

Reasons to Purchase Student Accident Insurance:

1. Student Accident Insurance will be the primary accident insurance if you have no other insurance.
2. Student Accident Insurance will provide benefits for medical expenses incurred because of an accident and is primary insurance.
3. If you have other insurance, Student Accident Insurance will be applied to cover your deductibles and co-pays.

**REQUIRED: You must either purchase coverage or waive coverage in order to participate in Sports or Athletic activities.**

To purchase Student Accident Insurance coverage:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made 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 Assurant Services, Inc. within 10 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated. To ensure that the paperwork is received, processed and your student is covered the first day of practice, we recommend mailing the envelope 5 working days before the first practice. Example: If your daughter/son starts practice on Monday, August 1<sup>st</sup> for Volleyball/Football, you should mail payment by Monday, July 25<sup>th</sup>.
5. All questions regarding the coverage may be directed to **The Brokerage Store, Inc. at 210-366-4800 or toll free 1-800-366-4810.**

**\*\*\*This form must be signed by the parent(s) and returned in order for students to participate in athletic activities.\*\*\***

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## **Parental Insurance Acknowledgement 2011-2012**

I understand that Comal ISD does not provide Health or Accident Insurance. I have elected to either participate in the Student Accident Insurance or have adequate insurance to protect my son/daughter in case of an accident.

- I have elected to participate in Student/Athletic Accident Insurance.
- I have waived the Student/Athletic Accident Insurance.

Student's Name (printed): \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

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