



TO: School Administrator

SUBJECT: Student Accident Insurance

Enclosed are supplies to be used for the Student Accident Insurance Program adopted by your School District. Please administer as follows:

1. Distribute one premium envelope and one District cover letter to each student the first day of school, or at registration.

IMPORTANT: 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. Therefore, it is necessary that the premiums be returned to the agent as soon as possible.

2. Families desiring coverage will send applications directly to the insurance agency. The master policy, roster of students and claim status information will be made available to the school administrator through our website. The administration will be given an access code to view this information.
3. A supply of claim forms is enclosed. Please designate a nurse, secretary, etc., to complete Part A of the form for each injury, and give the form to the injured student or student's family for completion.
4. If there are any questions, please call 651-439-7098 or toll-free 800-328-2739.

NOTE: It is important that each student take the insurance information home for protection of both the student and school.

YOUR COOPERATION IS APPRECIATED

PLEASE REVIEW THE ENCLOSED INFORMATION & FACT SHEET, WHICH IS PROVIDED TO HELP ANSWER POTENTIAL QUESTIONS FROM FAMILIES.

INHOUSE/ADMIN-LTR-MB-C-D-1513-1538-1540



Dear Parent:

We wish to emphasize that the school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. This plan will provide benefits for medical expenses incurred because of an accident. An explanation of the cost and benefits is explained on the premium envelope.

The program is underwritten by Ameritas Life Insurance Corp. located in Lincoln, Nebraska and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.

In making application for this coverage, please read the envelope explaining the coverage carefully. The following instructions apply:

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 the 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. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

INHOUSE/WVR-SD-GEN(19)

STUDENT ACCIDENT INSURANCE INFORMATION & FACT SHEET

1. Extended Dental Accident Option: can be purchased by itself, or in addition to the School-Time, Full-Time or Football coverages.
2. Interscholastic Sports Coverage: The School-Time or Full-Time Coverages do not cover interscholastic sports for students in grades 7-12. Students who buy all sports coverage must also buy School-Time or Full-Time coverage. The Interscholastic Sports coverage will expire at the end of the regular sports season of the current school year.
3. Football (Grades 9-12) Coverage: can be purchased by itself, or in addition to the School-Time, Full-Time or Extended Dental Accident Coverage.
4. Coverage for sport camps and off season conditioning (including football) is available to the parents by purchasing School-Time coverage if the activity is sponsored and supervised by the school or Full-Time coverage if the activity is not school sponsored and supervised. Football coverage expires on December 31 of the current year, spring and summer football are covered as explained above.
5. Students may enroll anytime during the year and 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.
6. Insurance remains in effect when students move to another District; however, if they then have a claim, families should write on the claim form the District's name at which they purchased the insurance.
7. We will enter the names of all students that have purchased coverage into our system. Schools are given an administrative access code to the Student Assurance Services, Inc. website at **www.sas-mn.com**. Because of privacy issues this information should not be shared with the general public. This website will contain: Master Policy, roster of Insured students, claim status. A downloadable version of your brochure in English and Spanish along with a claim form is available under the parent section of the website.

Student Accident Insurance

Policy Identification Form and Claim Procedures

Company: Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082
800-328-2739
www.sas-mn.com
Monday-Friday 8:00am to 4:30pm Central

Website: **www.sas-mn.com**
K12 Students/Parents
Find My School

Provides: List of the states (choose yours)
List of schools (choose yours)
Summary of Benefits
Claim Form

Policyholder Name: _____

Policy School Year: _____

Policy Number: _____

Using this Policyholder ID is NOT a guarantee of benefits or confirmation of coverage under the plan. Benefits will be evaluated when a claim is submitted for payment.

Completed Student Assurance Services, Inc. claim form must be submitted prior to or along with itemized bills.

Student may use either a social security number or date of birth as personal member ID.

To File a Claim

- a) Claim form is available at school or website **www.sas-mn.com**
- b) School must complete Part A for school related injuries.
- c) Parents complete Part B. Answer all questions.
- d) Submit copies of itemized bills to other medical and dental coverage first, the student insurance plan pays after other insurance (primary in Idaho, South Dakota).

Submitting the claim and related expenses are parent responsibility. DO NOT rely on your medical provider or school to send information.

Parents send:

- a) Completed claim form
- b) Providers can bill us directly. You may give them a **COPY** of the claim form which includes the school district name and our mailing address.
- c) Explanation of benefits (EOB) from your primary insurance showing write-off, co-pay, co-insurance, deductible and/or payment.
- d) If providers will not bill Student Assurance Services, Inc. directly please send Itemized bills, **not statements**, that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor often called (UB-04 hospital and CMS 1500 doctor). Balance due statements can not be processed.
- e) Send above information directly to: **Student Assurance Services, Inc.**
P.O. Box 196
Stillwater, MN 55082

Please allow 30 days before calling to check the status of your claim. If you have not heard from us within 30 days of submission, please contact us at 1-800-328-2739

There is a timely filing window of one year and ninety days. Do not wait to send information as this may result in claim denial.