

TWIN FALLS PUBLIC SCHOOLS
SCHOOL DISTRICT NO. 411

201 MAIN AVE. WEST
TWIN FALLS, IDAHO 83301-6197
(208) 733-6987 FAX (208) 733-8474

RE: Student Injuries and Insurance
2016-2017 School Year

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District **does not** assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000s of others by offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Special Markets Insurance Consulting (SMIC). The student accident insurance is underwritten by Gerber Life Insurance Company. Details and enrollment information are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$5 (*Dental Accident Plan*). Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, follow the online enrollment process as indicated in the attached information sheet. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

If you have any questions, please call Special Markets Insurance Consulting (SMIC) at (800) 727-7642, extension 6118.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,

TWIN FALLS SCHOOL DISTRICT #411



Sheila Rinehart
Purchasing Agent/Risk Management

As parent/guardian of _____, I understand that the School does not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

___ I will enroll my child in the program ___ I choose not to enroll my child in the program

Signed _____ Date _____