



DURAND COMMUNITY UNIT SCHOOL DISTRICT NO. 322
200 W. South St. ♦ Durand, Illinois 61024-9403

Phone: 815-248-2171 (District Office Ext 125)
Fax: 815-248-2599 (Superintendent's/ Main Office)
Fax: 815-248-9968 (Elementary Office)

Dear Parents:

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.

As a service to students and their families, the school district is making available a student accident insurance plan for your child at a very nominal cost.

The premium for this policy is minimal per year for school-time coverage. All school-sponsored and supervised activities and time spent in school are covered in accordance with the terms and limitations of the policy. For an increased premium, the policy will cover your child 24-hours a day, 12 months a year, rather than only during school-time. Double Benefits at double the premium are also available.

With this letter, your child has been given a brochure, which explains the plan and details of coverage. Please read the brochure carefully so that you understand the extent of the coverage.

A major point to keep in mind is that this policy pays the first \$100 of eligible medical costs regardless of other insurance. Medical bills beyond the first \$100 must then be filed with your family or employer group insurance or plan, if any. Those items not covered by your own insurance or plan will then be paid by this coverage, within the limitations outlined in the brochure.

The plan is underwritten by the Guarantee Trust Life Insurance Company. The agent is First Agency, Inc., 5071 West H Avenue, Kalamazoo, Michigan 49009-8501.

To enroll your child in this accident plan, it is necessary to proceed as follows:

1. Detach and complete the envelope.
2. Enclose the correct premium (**check or money order only**), seal, and return it to school with your child. Coverage becomes effective as soon as the application and premium are received by the school.
3. Premium cannot be accepted unless received in the envelope provided for them.
4. To avoid the possible loss of the application envelope, we suggest that you enroll within ten days of the brochure handout date.

♦ **Please use one envelope for each child** - do not combine applications for several children in one envelope.

♦ Be sure to retain the descriptive sheet for later reference.

We are happy to make this student accident insurance plan available.

PLEASE RETURN THIS SECTION TO YOUR SCHOOL

Student's Name: _____

Please check one:

- We will enroll
- We feel our family health insurance program is adequate should there be an accident involving our child.

Parent's Signature: _____

Date: _____