

School Year 2009-2010

RE: STUDENT INJURIES AND INSURANCE

Dear Parent/Guardian:

Western Placer Unified School District takes appropriate steps to protect your child from injuries. Even, so accidents can and do happen while participating in the normal activities that take place on campus, on school trips and during extra-curricular activities and sports.

Your child’s school district does not provide medical insurance coverage for school accidents. This means that you are responsible for the medical bills if your child gets hurt during school activities. The accompanying student accident/health insurance plans are offered to help you pay those bills.

Several benefits levels are offered. You can limit coverage to school related injuries only or opt for 24/7 protection. Also offered are a Student Health Care plan (most recommended if your child has no other health insurance), a long term dental accident plan and a pharmacy discount program for your entire family. Whether you are looking to fill in the “gaps” in other insurance or looking for primary coverage for your child, you will probably find an option to fit your needs.

While you can always use any doctor or hospital, the Sutter Health Care plan includes access to an extensive network of doctors and hospitals who have agreed to discount their charges. Seeking care through contracted providers may reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization. To find the contracted medical providers nearest you, call 800-877-1666 or log on to www.beechstreet.com.

Please read your brochure carefully. If you have any questions, please call the plan administrator, Myers-Stevens & Toohey & Co., Inc., at (800) 827-4695, or (949) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

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

Sincerely,

Carrie Carlson

Carrie Carlson, Director of Business
Western Placer Unified School District

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<p>As parent/guardian of _____, I understand that the district does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.</p> <p>_____ I will enroll my child in the program / _____ I will not enroll my child in the program</p> <p>Signed: _____ Date: _____</p>
