

**APPLICATION FOR STUDENT ACCIDENT INSURANCE**

**Edgerton Public Schools**  
**423 1st Avenue West**  
**Edgerton, MN 56128**

1. What is the first day of authorized sports practice? \_\_\_\_\_
2. What is the first day of the regular school term? \_\_\_\_\_ Last Day of School \_\_\_\_\_
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.  
 Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_

**SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS**

A: GROUP COVERAGES		PREMIUMS
<input type="checkbox"/> 1. Group Athletic Coverage: Plan _____		
Senior High Enrollment _____	Grades _____	\$ _____
Junior High Enrollment _____	Grades _____	\$ _____
<input type="checkbox"/> 2. Supplemental Coverage: Plan _____		\$ _____
<input type="checkbox"/> 3. Supplemental Coverage: Plan _____		\$ _____
<input type="checkbox"/> 4. All Pupil Coverages : Plan _____		
Enrollment grades PK-12 _____ @ \$ _____ =		\$ _____
<input type="checkbox"/> 5. Other Activity Coverage:		\$ _____
<input type="checkbox"/> 6. Other Activity Coverage:		\$ _____
<input type="checkbox"/> 7. Other Activity Coverage:		\$ _____
<b>TOTAL PREMIUM</b>	<b>=</b>	<b>\$ _____</b>

Not Applicable

**SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS**

B: VOLUNTARY COVERAGES: (See Brochure)		ENROLLMENTS
<input type="checkbox"/> 1. Voluntary Sports/Football Coverage: Plan <b>G-1511</b>		
Estimated number of Interscholastic Sports Participants 7-12 _____		
<input type="checkbox"/> 2. VOLUNTARY STUDENT COVERAGE: Plan <b>G-1511</b>		
Estimated Total Enrollment in grades PK-12 _____		

District On-Line/  
 Electronic  
 Notification  
 (.pdf)

**PLEASE LIST ALL SCHOOLS IN THE DISTRICT WITH CORRESPONDING ENROLLMENTS (or attach list)**

\_\_\_\_\_

\_\_\_\_\_

In order to take advantage of all policy provisions, student brochures must be distributed at registration for each interscholastic sport and at registration or no later than the first day of school for all students PK-12. It is agreed and understood that: **(applies only to voluntary coverages)**

- a. The school will offer coverage to all students in the school system.
- b. Football/Sports Coverage is available only if the school installs the Voluntary Student Coverage.
- c. A school official will complete the school's section of each claim form for school related injuries.
- d. For enrollment forms returned to the school: Premiums must be sent to the agent within 30 days of receipt; and a school official will date each premium envelope on the date received.
- e. **Only one student accident insurance plan will be offered by the school.**

**WEBSITE ACCESS AGREEMENT**

**By signing this form you will be given access to the Master Policy, roster, and claim status information. This information should only be shared by those persons in the school administration. After we receive this application you will receive an email that explains how to access all of the information at our website.**

**Applied for by:**

Print Name of School Official	Telephone Number	E-Mail Address
Signature of School Official	Title	Date

**School Contact**

If different than above Telephone Number E-Mail Address

**Agent**

Print Name Telephone Number E-Mail Address

Agent Mailing Address

**Administered by and Mail to:**



Student Assurance Services, Inc.  
 P.O. Box 196  
 Stillwater, Minnesota 55082

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.