



ANKENY CHRISTIAN ACADEMY

1604 West 1st Street
Ankeny, IA 50023-2525

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Administrator

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Dear Parents/Guardians:

The School District does not purchase accident insurance to cover injuries incurred by your child at school.

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. Please review the following student insurance program.

If you have a plan with a Deductible, Co-Pay, or Limited Benefits, we encourage you to consider this coverage. If you have a High Deductible or No Other Insurance on your child, we encourage you to consider including the Major Expense Benefit as well.

The options provided are:

COVERAGE	Annual Premium	With Major Expense Benefit
Full time coverage PK-12 with NO Interscholastic Sports Coverage	<input type="checkbox"/> \$89	<input type="checkbox"/> \$173
Full time coverage 7-12 with Interscholastic Sports Coverage except Football Grades (9 -12)	<input type="checkbox"/> \$154	<input type="checkbox"/> \$238
School time coverage PK-12 with NO Interscholastic Sports Coverage	<input type="checkbox"/> \$14	
School time coverage 7-12 with Interscholastic Sports Coverage except Football Grades (9 -12)	<input type="checkbox"/> \$79	
Football Coverage Grades 9-12 (Major Expense Benefit does NOT apply)	<input type="checkbox"/> \$189	
Extended Dental Coverage PK-12	<input type="checkbox"/> \$9	

Brochures will be distributed by the schools. This coverage is for the 09-10 school year, and is not effective until the enrollment form is received by the school. In enrolling for coverage, please read brochure carefully:

1. Print name, address and other information clearly on enrollment form.
2. Make check or money order payable to Student Assurance Services, Inc.
3. Detach and retain summary of coverage, and return the enrollment to school within 10 days.
4. Questions about the plan may be directed to Paul Lock, Agent, Student Assurance Services
Address: P.O. Box 3126, Lawrence, KS 66046; Phone: (800) 520-9909 / (785) 748-0870
E-mail: paul.lock@sas-midwest.com Website: www.sas-mn.com

Please sign and return the form below to school, if you already have adequate insurance.

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's/Guardian's Signature _____ Date _____