



APPLICATION FOR STUDENT ACCIDENT INSURANCE

La Crosse School District
807 East Ave., South
La Crosse, WI 54601

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: 07/01/2024 Termination Date: 06/30/2025

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

Group Athletic Coverage: Plan : _____

Senior High Enrollment _____ Grades _____ \$ _____

Junior High Enrollment _____ Grades _____ \$ _____

Additional Coverage Plan: _____ \$ _____

Additional Coverage Plan: _____ \$ _____

All-Pupil Coverages: Plan: _____

Total Enrollment of all Grades (PK-12): _____ @ \$ _____ = \$ _____

TOTAL PREMIUM = \$ _____

(All premiums are due prior to the effective date of the policy. If the full premium is not received within 60 days of the effective date, the policy will be cancelled and no coverage will be inforce, unless otherwise agreed)

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

Directions: Please review each statement below and initial if you agree to the terms required. Student Assurance Services will provide voluntary student accident forms via email after the completed application is received in our office.

1. Voluntary Coverage for Student Athletes (Grades 7-12): Plan: J - 1513 (Voluntary)

I agree that my Athletic Department(s) will directly notify all families of student athletes about the voluntary student accident coverage available prior to the start of each sports season (fall, winter, spring). _____ (Initial Here in Agreement)

2. Voluntary Coverage for All Students (Grades PK-12): Plan: J - 1513 (Voluntary)

I agree that all schools within my school district will directly notify all families about the voluntary student accident coverage available at the beginning of the school year. _____ (Initial Here in Agreement)

Estimated Total Enrollment within School District (Required) _____

- When initial above, it's 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. If an enrollment form is returned to the school: Premium must be sent to the agent within 30 days of receipt; and a school official must date the 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 an access code to view the Master Policy, enrolled roster, and claim status information on our website. This code should only be shared with school administration. An email that explains how to access your school's information will be provided after the application is received and reviewed.

Applied for by: _____
Print Name of School Official Telephone Number E-Mail Address

Signature of School Official Title Date

Administrator of Policy/Claims: _____
If different than above Print Name Telephone Number E-Mail Address

Agent: _____
Print Name Telephone Number E-Mail Address

Administered by and Mail to:  Student Assurance Services, Inc.
 P.O. Box 196
 Stillwater, MN 55082

GAA-2201 Rev. 01-23 

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.

SAS Admin. Use Only