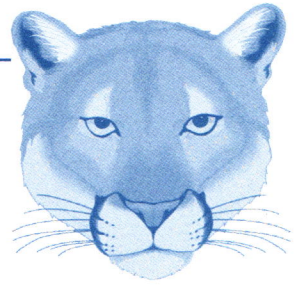


Millville Elementary School

P.O Box 230 • 67 South Main • Millville, Utah 84326
Phone 435-752-7162 • Fax 435-755-5758
www.ccsdut.org/millville



Principal- Gary Thomas
Secretary- Julie Pickett

Dear Parent,

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.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. This plan will provide benefits for medical expenses incurred because of an accident. An explanation of the cost and benefits is explained on the premium envelope.

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.

In making application for this coverage, please read the envelope explaining the coverage carefully. The following instructions apply:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to STUDENT ASSURANCE SERVICES, INC. or Complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage and send the envelope to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. All questions regarding the coverage should be directed to Dance Insurance, Inc., Logan, Utah (435) 752- 8484, or toll free 1-800-327-5400.

Thank you.

Sincerely,

Gary Thomas
Principal
Millville Elementary

STUDENT ACCIDENT INSURANCE INFORMATION & FACT SHEET

1. Extended Dental Accident Option: can be purchased by itself, or in addition to the School-Time, Full-Time or Football coverages.
2. Football (Grades 10-12) Coverage: can be purchased by itself, or in addition to the School-Time, Full-Time or Extended Dental Accident Coverage.
3. Interscholastic Sports Coverage: The School-Time or Full-Time Coverages will cover all interscholastic sports; except football grades 10-12, and grades 7-9 practicing or participating in grades 10-12 football. The Interscholastic Sports coverage will expire at the end of the regular sports season of the current school year.
4. Coverage for sport camps and off season conditioning (including football) is available to the parents by purchasing School-Time coverage if the activity is sponsored and supervised by the school or Full-Time coverage if the activity is not school sponsored and supervised. Football coverage expires on December 31 of the current year, spring and summer football are covered as explained above.
5. Students may enroll anytime during the year and coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1.
6. Insurance remains in effect when students move to another District; however, if they then have a claim, families should write on the claim form the District's name at which they purchased the insurance.
7. We will enter the names of all students that have purchased coverage into our system. Schools are given an administrative access code to the Student Assurance Services, Inc. website at www.sas-mn.com. Because of privacy issues this information should not be shared with the general public. This website will contain: Master Policy, roster of Insured students, claim status. A downloadable version of your brochure in English and Spanish along with an electronic claim form is available under the parent section of the website.

Website: www.sas-mn.com

Student Accident Insurance

Policy Identification Form and Claim Procedures

Company: Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082
800-328-2739
www.sas-mn.com
Monday-Friday 8:00am to 4:30pm Central

Website: www.sas-mn.com
K12 Students/Parents
Find My School

Provides: List of the states (choose yours)
List of schools (choose yours)
Summary of Benefits
Claim Form

Policyholder Name: _____
Policy School Year: _____
Policy Number: _____

Using this Policyholder ID is NOT a guarantee of benefits or confirmation of coverage under the plan. Benefits will be evaluated when a claim is submitted for payment.

Completed Student Assurance Services, Inc. claim form must be submitted prior to or along with itemized bills.

Student may use either a social security number or date of birth as personal member ID.

To File a Claim

- a) Claim form is available at school or website www.sas-mn.com.
- b) School must complete Part A for school related injuries.
- c) Parents complete Part B. Answer all questions.
- d) Submit copies of itemized bills to other medical and dental coverage first, the student insurance plan pays after other insurance (primary in Idaho, Ohio, South Dakota).

Submitting the claim and related expenses are parent responsibility. DO NOT rely on your medical provider or school to send information.

Parents send:

- a) Completed claim form
- b) Providers can bill us directly. You may give them a **COPY** of the claim form which includes the school district name and our mailing address.
- c) Explanation of benefits (EOB) from your primary insurance showing write-off, co-pay, co-insurance, deductible and/or payment.
- d) If providers will not bill Student Assurance Services, Inc. directly please send Itemized bills, **not statements**, that contain date of service, procedure code, diagnosis code, and federal tax ID number of the hospital or doctor often called (UB-04 hospital and CMS 1500 doctor). Balance due statements can not be processed.
- e) Send above information directly to:

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

Please allow 30 days before calling to check the status of your claim. If you have not heard from us within 30 days of submission, please contact us at 1-800-328-2739

There is a timely filing window of one year and ninety days. Do not wait to send information as this may result in claim denial.