

NAME \_\_\_\_\_

SPORT(S) \_\_\_\_\_

**PAOLA HIGH SCHOOL STUDENT PROOF OF INSURANCE FORM  
2012 - 2013**

**STUDENTS WHO PARTICIPATE IN ATHLETICS ARE REQUIRED TO HAVE INSURANCE.**

*\*\*\*This sheet, along with a current physical examination form, must be on file with the Athletic Director's office before participation will be allowed.*

\_\_\_\_\_ student/athlete is covered by our family insurance plan,  
(Print Student Name) and DOES NOT wish to participate in the School Plan.

\_\_\_\_\_ Insurance Company Policy Number

\_\_\_\_\_ Parent's Signature Date

If you would like to participate in the school insurance plan in addition to your family plan, YOU MAY OBTAIN ADDITIONAL INFORMATION BY CALLING STUDENT ASSURANCE SERVICES at 1-800-328-2739 or 1-651-439-7098 STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082 YOU MAY OBTAIN AN ENROLLMENT FORM FROM THE PAOLA HIGH SCHOOL OFFICE.

\_\_\_\_\_ IS NOT COVERED BY OUR FAMILY INSURANCE.  
(Print Student Name) We must participate in the school plan.

TO ENROLL: OBTAINED AN ENROLLMENT FORM FROM THE PAOLA HIGH SCHOOL OFFICE.

\_\_\_\_\_ Parent's Signature Date

Enrollment date: \_\_\_\_\_

*For students who are not covered by a family policy, or who need additional coverage, Student Assurance Services will provide at a nominal cost the following insurance.*

*Coverage is not effective until enrollment form is received by the school.*

THE INSURANCE PLAN IS A MINIMUM COVERAGE POLICY TO HELP OFFSET THE HIGH COST OF MEDICAL CARE! PLEASE READ THE BENEFIT OPTIONS VERY CAREFULLY!

*\*\*\* obtain additional information and enrollment form in school office \*\*\**

**Below is a cost break down -- to enroll, obtain a form from the PHS office.**

**STUDENT ASSURANCE SERVICES**

P.O. 3126, Lawrence, KS 66046

800-520-9909 / 785-748-0870

Interscholastic Sports coverage options are:	Annual Premium	With Major Expense Benefit
Full time Coverage 7-12 w/Interscholastic Sports-NO FB	\$164	\$255
School time coverage 7-12 w/Interscholastic Sports-NO FB	\$81	n/a
Football Coverage Grades 9-12 only	\$250	n/a
Extended Dental Coverage PK-12	\$9	n/a

To enroll - obtain form from school office.