

NAME _____

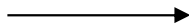
SPORT(S) _____

PAOLA HIGH SCHOOL STUDENT PROOF OF INSURANCE FORM
2019-2020

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

PO Box 196, Stillwater, MN 55082

(800)328-2739/(651)439-7098

Interscholastic Sports coverage options are:	Annual Premium
Full time Coverage 7-12 w/Interscholastic Sports-NO FB	\$174
School time coverage 7-12 w/Interscholastic Sports-NO FB	\$91
Football Coverage Grades 9-12 only (Major Expense Benefit will NOT apply)	\$250
Extended Dental Coverage PK-12	\$9

All Prices are Subject to Change

To enroll - obtain form from school office.