



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Assistant Superintendent

Kari Dendurent

148 North Binkley Street Soldotna, Alaska 99669

Phone (907) 714-8858 Fax (907) 262-5867

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Re: Student Injuries and Accident Coverage

Dear Parent/Legal Guardian:

Along with providing a quality education, your school does its best to protect your child from injuries. Even so, accidents happen. Should your child get hurt during school related activities, the District provides limited coverage (at no cost to you) to help with the cost of medical treatment not covered by other insurance you may have. This **“School Time Accident”** coverage is designed to cover some, but not all, of the possible charges. Here is a [Description of Benefits](#). **PLEASE READ AND REVIEW IT CAREFULLY!**

This accident coverage provides benefits of 80% of the usual and customary charges up to a maximum of \$25,000 in the event of a covered accident and takes effect only after any other medical insurance that is available has paid. If this coverage is used, you will be responsible for a \$50 deductible per accident and any remaining balance. In some cases, there may be no deductible if other primary medical insurance is in effect. If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e., deductibles and co-payments). **To be eligible for this coverage, any accident/injury must be reported to the school office within 72 hours.**

A link to an enrollment brochure will be sent along with information on purchasing various additional accident and health care coverage options for your student through Myers-Stevens & Toohey & Co. Several plans are offered and rates for the entire school year are available. To enroll, click the link, enter District Office Zip code 99669, select your child’s school, complete the enrollment form, select the plan(s) you want for your child and pay for the plan selected. Once processing is completed, an ID card verifying coverage will be mailed to you.

To document your having been notified of this matter, please sign, and complete the bottom of this memo and immediately send it back to the school with your child. If you have any questions, please contact my office at 714-8858.

Sincerely,

Kari Dendurent
Assistant Superintendent

As parent/guardian of _____, I understand that the School **does not** assume responsibility for student injuries but does make voluntary purchase of additional student accident coverage available to parents. I have received the information on this program.

_____ I will purchase additional coverage

_____ I will not purchase additional coverage

Signed _____

Date _____