



Klamath Falls City Schools

100% Graduation Is Our Expectation!

August 13, 2018

Dear Parent:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, the district is offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by **Myers-Stevens & Toohy & Co. Inc , 26101 Marquerite Parkway, Mission Viejo, CA 92692-3203**.

Several plans are offered and rates for the entire school year start at around \$16 (Dental Accident Plan). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a Student Health Care Plan (recommended if your child has no other health insurance) and a pharmacy discount program for your entire family. Whether your child currently has no other coverage or you want to “fill in the gaps” in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you’ll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization. To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged, to consider early enrollment to get maximum value from the Plan (s) selected.

Note: Once processing is completed, an ID card verifying coverage will be mailed home to you. If you have any questions, please call the plan administrator, **Myers-Stevens & Toohy & Co. Inc , 26101 Marquerite Parkway, Mission Viejo, CA 92692-3203 or at 1-800-827-4695**.. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,

Shelly Hunt
Director of Human Resources

As parent/guardian of _____, I understand that the Klamath Falls City Schools does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

I will enroll my child in the program. I will **NOT** enroll my child in the program.

Signed _____ Date: _____

“Dedicated to helping all students do their best work and become their best selves.”



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THIS PLAN PROVIDES LIMITED COVERAGE

Dear Parent:

The Klamath Falls City Schools has selected **Myers-Stevens & Toohey & Co. Inc.** to provide student accident protection for the 2018 – 2109 school year. The accident plan is being serviced by Myers-Stevens & Toohey & Co. Inc. and all claims will be processed by them. **Bill Gilmore is our local agent and may also be of assistance; he can be reached at Great Basin Insurance, 826 Main Street, or phone 882-5507.**

These plans have been designed: **Student Health Care Plan, 24-hour Accident Plan, Dental Accident Plan and School Time Accident Plan.** Please study the descriptive brochure available at all schools for an outline of the policies and save for ready reference. The accident plan is **LIMITED COVERAGE.** You will want to be aware of these limitations.

Student Health Grades K – 12

\$232.00 First payment covers the remainder of that month in which it was paid and the month following;

\$376.00 subsequent payments cover additional two-month periods.

		Low	Mid	High
School Time	Grades K – 12	\$69.00	\$90.00	\$107.00
Full Time (24 hrs)	Grades K – 12	\$246.00	\$307.00	\$422.00
Dental 24 Hour	Grades K – 12			*\$16.00

**(\$12.00 when added to any purchased plan(s))*

How to Enroll: Please enroll your student at her/his school. Coverage begins at 11:59 p.m. on the date the school receives a completed application and payment of premium, provided proper records are maintained by the School and application and premium are forwarded to and received by the Company within 15 days of receipt. Coverage ends when school begins regularly scheduled classes for the following school year. To provide this low rate, the contract is issued on a group basis.

All sports are covered under the student accident except for football (grades 9 – 12). Football coverage (grades 9 – 12) is available August 2018. Please pay the premium directly to the athletic secretary or school.

PLEASE STUDY THE BROCHURE FOR DETAILS ON BENEFITS FOR EACH PLAN.

If additional help or information is needed, please contact Myers-Stevens & Toohey & Co. Inc , 26101 Marquerite Parkway, Mission Viejo, CA 92692-3203 or at 1-800-827-4695.

Professionally,

Shelly Hunt

Director of Human Resources

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August 13, 2018

**FOOTBALL ATHLETIC ACCIDENT INSURANCE 2018 - 2019
THIS IS A LIMITED POLICY**

Dear Parent:

This insurance provides benefits for injuries sustained from an accident in regular practice sessions or games of interscholastic football, including traveling while under the supervision of an authorized school representative. All claims will be processed through **Myers-Stevens & Toohey & Co. Inc , 26101 Marquerite Parkway, Mission Viejo, CA 92692-3203 or at 1-800-827-4695.**

Coverage begins effective at 11:59 p.m. on the date the school receives the completed application envelope and premium, **provided a school official initials and dates the area indicated at the top of the application envelope and the listing sheet is completed in full.**

Because this plan provides limited coverage, please study and save the descriptive brochure available at all schools for an outline of the policy. You will want to be aware of these limitations.

Cost: The cost to the parent for the plans are:

	Low	Mid	High
Grades 9, 10, 11 and 12	\$237.00	\$316.00	\$421.00

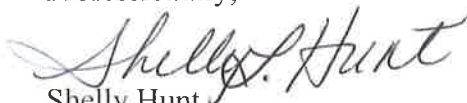
Please note that this insurance covers the student only for football. If protection for other sports and during regular school session is desired, the regular student insurance plan should be taken in addition.

PLEASE STUDY THE BROCHURE FOR DETAILS ON BENEFITS FOR EACH PLAN.

**CASH IS NOT ACCEPTED – IF PAYING BY MONEY ORDER,
COVERAGE COULD BE DELAYED UP TO TWO WEEKS.
ONLY WHEN USING CHECK OR CREDIT CARD CAN COVERAGE BE
EFFECTIVE BY MIDNIGHT OF THAT DAY.**

If additional help or information is needed, please contact **Myers-Stevens & Toohey & Co. Inc , 26101 Marquerite Parkway, Mission Viejo, CA 92692-3203 or at 1-800-827-4695.** Our local agent, Bill Gilmore, is also available to assist. He can be reached at Great Basin Insurance, 826 Main Street, Klamath Falls, OR 97601. Phone 882-5507.

Professionally,


Shelly Hunt
Director of Human Resources

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