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Superintendent of
Schools

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Assistant Superintendent
Human Resources

Patrick Gaffney
Assistant Superintendent
Business Services

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Assistant Superintendent
Educational Services

2018-2019 School Year

Re: Insurance Coverage for Student Injuries

Dear Parent/Guardian:

Santa Cruz City Schools does not provide medical insurance coverage for student accidents. You are responsible for the medical bills if your child gets hurt during school activities. The accompanying student accident/sickness insurance plans are offered to help you pay those bills if you do not have family medical insurance that covers your child or if you desire to supplement your primary medical insurance.

Many coverage options are available. The Student Accident and Sickness and High Option 24-Hour Accident plans are recommended for those students with no other insurance because they provide the most coverage when injuries occur. Student Accident and Sickness covers illness as well as injury, 24 hours a day. We recommend the high option plans for students participating in interscholastic sports.

If your child does have other health coverage, student insurance may also be used to help pay those charges not covered by other insurance (i.e. deductibles and co-payments). Also, the student insurance plans allow you to take your child to any doctor or hospital you choose.

Please read your brochure carefully. If you have any questions, please call the plan administrator, Myers-Stevens & Toohey & Co., Inc. at 800/827-4695 or 949/348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document that you have been notified of this matter, please sign and complete the bottom of this form and send it back to the school with your child immediately, even if you do not plan to enroll in the program. Thank you.

Sincerely,

Patrick K. Gaffney
Assistant Superintendent
Business Services

As the parent/guardian of _____, I understand that Santa Cruz 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 Myers-Stevens & Toohey voluntary student insurance program.

I **will not** enroll my child in the Myers-Stevens & Toohey voluntary student insurance program.

Signed _____ Date _____

Print Name _____

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