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# * * * * ATTENTION PARENTS * * * *

## * * * * PARENTS – YOU ARE RESPONSIBLE * * * *

Under State Law, school districts are not liable for accidents which occur in schools. It is important to understand the school/district IS NOT responsible for medical payments or bills for your child. If your child is injured during ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY, all medical charges are **YOUR RESPONSIBILITY**.

The school district has purchased a supplemented accident policy which covers the students for UIL activities. This is a limited benefit policy and any charges not covered by this policy are your responsibility.

For the benefit of parents who do not have insurance or have limited health insurance, the school district is making available a VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE PLAN.

Plans include:

1. School Time Coverage which covers accidents during school hours ONLY
2. Full Time Coverage which covers the student 24 hrs a day, 7 days a week, any place, any time
3. Football Coverage for Varsity players grades 10-12
4. Dental Coverage which covers the student 24 hours a day for any dental accident

**THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.**
**This insurance may be purchased at any time during the school year.**

**VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE**

| | Annual Premiums WITHOUT UIL COVERAGE | Annual Premiums WITH UIL COVERAGE |
|---|---|---|
| **School Time Coverage** | **$ 30.00** | **$ 120.00** |
| **Full Time Coverage** | **$ 117.00** | **$ 207.00** |
| **Dental Coverage** | **$ 9.00** | **$ 9.00** |
| **Football Coverage** | | **$ 325.00** |

In order to enroll your child in this **VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE PLAN,** please remember to:

1. **CONTACT YOUR CHILD's SCHOOL OFFICE FOR YOUR APPLICATION; OR**
2. **GO ONLINE TO www.thebrokeragestore.com ; OR**
3. **CALL THE BROKERAGE STORE, INC FOR APPLICATIONS AND/OR ANY QUESTIONS.**
   **TELEPHONE NUMBERS: 800-366-4810 OR 210-366-4800.**
4. All major credit cards accepted.
5. Please make all checks payable to: **Student Assurance Services**

☐ ***I DECLINE COVERAGE AT THIS TIME***

***The above is just a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

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# * * * * ATENCIÓN PADRES * * * *

## * * * * PADRES – LA RESPONSABILIDAD ES DE USTEDES * * * *

**De acuerdo con las leyes Del Estado, distritos escolares no son responsables por accidentes que ocurren en las escuelas. La escuela NO TIENE la responsabilidad de pagar los gastos médicos o cuentas incurridas si su hijo/hija se lastima durante cualquier evento deportivo o evento escolar patrocinado por UIL.**

**El distrito escolar ha comprado una póliza de accidente complementaria que cubre a los estudiantes para actividades UIL. Esta póliza le da la oportunidad de comprar a seguranza de accidente para estudiantes.**

**Favor de reconocer que esta es una póliza de beneficios limitados y BAJO NINGUNA CIRCUNSTANCIA pagara todos los gastos médicos de sus hijos. Gastos en exceso de los limites de la póliza es de "REPONSABILIDAD SUYA".**

**Las opciones incluyen:**

1. **Cobertura de tiempo escolar-cubre accidentes únicamente durante el horario escolar.**
2. **Cobertura de tiempo completo- cubre 24 horas del día, 7 días por semana al cualquier sitio.**
3. **Cobertura de futbol americano- para jugadores grados 10-12 para la liga Varsity**
4. **Cobertura dental extendida- cubre las 24 horas del día por cualquier accidente de índole dental**

**ESTE POLIZA SERIA PRIMARIO A CUALQUIER OTRA POLIZA EXISTENTE.**

SEGURO VOLUNTARIO ESTUDIANTIL CONTRA ACCIDENTES

Costo Anual

| | **SIN** Cobertura de UIL | **CON** Cobertura de UIL |
|---|---|---|
| Cobertura de tiempo escolar | $ 30.00 | $ 120.00 |
| Cobertura de tiempo completo | $ 117.00 | $ 207.00 |
| Cobertura dental extendida | $ 9.00 | $ 9.00 |
| Cobertura Varsity de futbol americano | | $ 325.00 |

Para inscribir a su hijo en este ESTUDIANTE VOLUNTARIO/plan de SEGURO DE ACCIDENTES ATLETICO, por favor:

1. COMUNIQUESE CON LA OFICINA DE LA ESCUELA DE SU HIGO PARA SU APLICACION, O
2. POR INTERNET www.thebrokeragestore.com ; O
3. LLAMA A **THE BROKERAGE STORE, INC.** PARA APLICACIONES Y/O CUALQUIER PREGUNTA.

TELEFONOS: 800-366-4810 o 210-366-4800

4. Se aceptan las tarjetas de crédito
5. Por favor haga su cheque pagable a: **Student Assurance Services**

☐ ***RECHAZO LA COBERTURA ESTE MOMENTO***

***Esto es únicamente una breva descripción de costos y beneficios disponibles en este plan de seguro. Todos los beneficios son sujetos a montos máximos, límites, exclusiones y otras provisiones de la póliza.