



**Mr. James T. Russell,
Superintendent of Schools**

P.O. Box 2118 • 200 North Clara Avenue • DeLand, Florida 32721-2118

DeLand
(386) 734-7190

Daytona Beach
(386) 255-6475

New Smyrna Beach
(386) 427-5223

Osteen
(407) 860-3322

School Board of Volusia County

**Mrs. Linda Costello, Chairman
Mrs. Ida D. Wright, Vice Chairman
Mrs. Linda Cuthbert
Dr. John Hill
Mrs. Melody Johnson**

August 24, 2015

Dear Parent/Guardian:

Student safety is a top priority of the School District of Volusia County as demonstrated by our emphasis on safe practices and conditions in our schools and during school related activities. However, in spite of our emphasis on student safety, some accidents will still occur.

To help with the medical expenses resulting from these accidental injuries, we offer the enclosed low-cost optional student accident insurance. The purpose of this plan is to supplement your own primary health and/or accident policies by covering deductibles, co-payments, etc. It is **not** intended to be a primary source of medical coverage.

Please review the enclosed brochure carefully, mindful that the School District of Volusia County is not responsible for medical expenses related to student accidents. If you wish for your child to participate in this plan you may enroll online at www.schoolinsuranceagency.com where you can select and pay for coverage as well as print your ID card. You can also enroll by printing the enrollment form from the website, enclose the applicable premium and mail it directly to the School Insurance Agency at the address listed on the application or by way of phone by calling 1-800-541-8256.

Together let us strive for a safe and productive 2015-2016 school year.

Sincerely,

James T. Russell
Superintendent of Schools

STUDENT ACCIDENT INSURANCE

Accidents aren't supposed to happen, but they do.

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY

Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

ADULT/VOTECH ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Dental

PAYMENT: Parents or guardians of students are responsible for enrollment and premium payment.

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to <https://www.SchoolInsuranceAgency.com>.

1. Choose Public or Private
2. Select your County if Public
3. Select your School
4. Select your plan, Pay and Print ID card

OR Print the enrollment application from our web site and mail it to our office with your check, credit card or money order. No ID card will be returned on mail in applications.

FOR A FULL LIST OF BENEFITS AND EXCLUSION GO TO:

<https://www.SchoolInsuranceAgency.com>

FOR QUESTIONS, CALL 1-800-541-8256

School Insurance Agency

120 53rd Ave. W. Bradenton, FL 34207

SEGURO DE ACCIDENTE PARA ESTUDIANTES

Accidentes no deben suceder, pero suceden.

En el recreo, excursiones de un día y actividades generales del día a día pueden llevar a lesiones. Tener cobertura durante el horario escolar, o durante todo el día puede asegurar a sus seres queridos reciban la atención que necesitan sin la penuria financiera para su familia.

ELEGIBILIDAD:

Todos los estudiantes que estén matriculados son elegibles.

K-12 PLANES DE ACCIDENTES QUE ESTÁN DISPONIBLES A TRAVÉS DE SU ESCUELA:

- Cubierta durante hora escolar
- Cubierta las 24 horas
- Deportes Intercolegiales
- Cubierta Dental las 24 horas

ADULTOS / VOTECH PLANES DE ACCIDENTES QUE ESTÁN DISPONIBLES A TRAVÉS DE SU ESCUELA:

- Cubierta durante hora escolar
- Cubierta las 24 horas

PAGOS: Los padres o tutores de los estudiantes son responsables de la inscripción y pago de la prima.

COMO INSCRIBIRSE

Es fácil y sólo toma unos pocos minutos.

NUESTRA PAGINA WEB ES:

<https://www.SchoolInsuranceAgency.com>.

1. Elija entre Escuela Pública o Privada
2. Seleccione su Condado si la Escuela es Pública
3. Seleccione su Escuela
4. Seleccione su cobertura, Page e Imprima su identificación de cobertura

O puede imprimir la solicitud de cobertura que se encuentra en nuestra página web. Envíe la aplicación con el pago. Ya sea por cheque, tarjeta crédito, o giro postal. *Nota: No enviaremos el comprobante de cobertura por correo.*

PARA UNA LISTA COMPLETA DE LOS BENEFICIOS Y EXCLUSIONES VAYA A NUESTRA PÁGINA WEB:

<https://www.SchoolInsuranceAgency.com>

Si tiene preguntas llámenos a: 1-800-541-8256

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