

STUDENT ACCIDENT INSURANCE

Check a box and fill in the accompanying information for that box

School _____

We would like to participate with Relation Education Solutions for student accident insurance coverage.

Relation Education Solutions policy covers every dollar from the first to the maximum limit (see current remittance form) for any accident occurring during school sponsored activities *when the parent does not have a health care policy*. If the parents have health insurance, then this policy becomes the secondary insurer. This policy applies to only those students in grades K-10. Relation Education Solutions will provide the medical maximum benefit up to \$1,000,000 with a lifetime benefit period. It also includes a \$10,000.00 death benefit and a dismemberment benefit of \$20,000.

Note: Home School Students participating in one or more school activities (field trips, MAP testing, band, math class, Track and Field Day, Bible Labs, etc.) need to be included in student counts.

Kindergarten Students	_____	times \$ 9.86 =	_____
Homeschool Kindergarten Guests	_____	times \$ 9.86 =	_____
Students (1-8)	_____	times \$16.63 =	_____
Homeschool Guests Students (1-8)	_____	times \$16.63 =	_____
Students (9-12*) Day Academy	_____	times \$44.51 =	_____
Homeschool Guest Students (9-12*)	_____	times \$44.51 =	_____
Total			_____

***Schools having grades K-10 without grades 11 &12 can use the 1-8 rate for everyone.**

Principal's Signature _____

DO NOT SEND A CHECK.
Your school will be billed for this insurance.

We plan to provide student accident insurance coverage with:

Name of Insurance Company _____

Date Of School Board Action _____

School _____

Principal's Signature _____