

**COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 10**

**Business Office  
201 West Clay Street  
Collinsville, Illinois 62234**

July 17, 2017

Dear Parent:

The School District does not provide any type of health or accident insurance for injuries incurred by your child at school. As a service to parents and their children, the school district is making available a group student accident insurance plan for your child at a very nominal cost. Parents may select the High Option or Low Option benefits plan.

The premium for this policy is minimal per year for School-Time coverage only. All school sponsored and supervised activities, and time spent in school are covered in accordance with the terms and limitations of the policy.

Student insurance does not provide full coverage – it is a supplemental plan and it is a secondary other insurance. There are specific limitations outlined in the brochure. The plan is underwritten by K & K Insurance Group Inc. Interscholastic sports (except football) are covered under the regular student accident insurance coverage (**football coverage** is available for an additional amount).

**To enroll each child in the accident plan, it is necessary to:**

**Print brochure PDF** from [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) and then follow directions by choosing “ENROLL NOW”, SCHOOL DISTRICT and STATE. Enclose premium (check or money order only payable to National Life Insurance Company and mail to K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338.

**Purchase coverage on-line** [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) (with Visa or Mastercard and then follow directions by choosing “ENROLL NOW”, SCHOOL DISTRICT and STATE.

**Applications must be returned with payments to your Principals Office  
NO LATER THAN August 31, 2017.**

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\*\*\*RETURN THIS SECTION TO YOUR CHILD’S SCHOOL\*\*\*

***Please print***

Student’s Legal Name: \_\_\_\_\_

School & Grade: \_\_\_\_\_

Please check **one** box:

We will enroll the above named student in the School’s Student Accident Coverage.

We feel our family health insurance program is adequate should there be an accident involving our child.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE