

## **Parents' Information Regarding Bracken Christian School 2019-2020 Voluntary Accident Insurance Program Coverage Selections and Enrollment Form**

**Bracken Christian School does NOT assume financial responsibility for injuries sustained while attending school and participating or practicing in school-sponsored and supervised extracurricular activities and sports.** A parent or guardian does however have the option to purchase ACCIDENT-ONLY insurance and it covers injuries sustained while attending school and participating in school-sponsored and supervised extracurricular activities and sports (except football grades 9-12). There is also a Full-Time (24-hour) Coverage option which extends coverage for accidents that occur away from school on a 24-hours per day basis. A schedule of the plan benefits and exclusions under the three voluntary plans offered. Coverage is available on or after July 1, 2019. The voluntary plan options exclude interscholastic football for students in grades 9-12. **A STUDENT ATHLETE MUST BE COVERED BY OWN POLICY OR ACCIDENT INSURANCE POLICY.**

I acknowledge that I have been given the opportunity to review the enrollment, benefits and exclusions of the Voluntary Accident insurance coverage available. I understand that it is my responsibility to enroll in the voluntary accident plan and submit payment directly to Student Assurance Services, Inc. and insurance coverage is not effective until 12:01 following the date the enrollment form and payment is received by Student Assurance Services, Inc.

### **VOLUNTARY COVERAGE OPTIONS**

#### **School-Time Coverage PK-12 Includes TAPPS Activities and Sports 7-12 (Does Not include students participating in 9-12 interscholastic football)**

Covers the student while:

- a. Attending regular school sessions.
- b. Participating in or attending school-sponsored and supervised extracurricular activities;
- c. Participating for or participating in school-sponsored and supervised TAPPS sports and activities for grades 7-12 (except football grades 9-12) and
- d. Traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular and TAPPS sports and activities in school-provided transportation.

#### **Full-Time Coverage PK-12 includes TAPPS Activities and Sports 7-12 (Does not include students participating in 9-12 interscholastic football)**

Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers students while practicing or participating in school-sponsored and supervised TAPPS activities and sports, including travel in school-provided transportation for grades 7-12 (except football grades 9-12).

#### **Extended Dental Coverage PK-12**

Provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin within 180 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one-year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prostheses are limited to \$500 per injury including procedures to install them. Dental prostheses include, but are not limited to crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the prostheses maximum benefit limit.

### **HOW TO ENROLL:**

For credit card payment, complete the online enrollment form at the website: [www.texaskidsfirst.com](http://www.texaskidsfirst.com). Students/Parents select "Find My School" from the drop down box select "Texas" and then select Bracken Christian School

#### **I waive the option to purchase accident insurance as I have my own insurance provided below:**

Student name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Medical Insurance Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent Signature and Date: \_\_\_\_\_