



Buffalo Lake–Hector–Stewart

ISD #2159 www.blhsd.org



BLHS Elementary School
Buffalo Lake Campus
PO Box 278
Buffalo Lake, MN 55314
Elementary Principal: Lisa Otte
Office: 320-833-5311 Ext. 223
Fax: 320-833-5312

BLHS District Office
Buffalo Lake Campus
PO Box 307
Hector, MN 55342
Superintendent: William Thopmson
Office: 320-833-5311
Fax: 320-833-0170

BLHS MS/HS
Hector Campus
PO Box 307
Hector, MN 55342
Principal: Sam Schroeder
Office: 320-848-2233 ext. 1304
Fax: 320-848-2401

August 2019

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

REASONS TO PURCHASE THIS COVERAGE:

1. Deductibles and copays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay.

If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to STUDENT ASSURANCE SERVICES, INC or complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to STUDENT ASSURANCE SERVICES, INC. within 10 days. Coverage will become effective at 12:01 am following the date the enrollment form and premium are received and dated by the school.
5. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please sign and return the information below if you already have adequate insurance.

Thank you,

Bill Thompson, Superintendent

PARENTAL INSURANCE WAIVER

Student's Name: _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature: _____

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.



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BLHS Elementary School
Buffalo Lake Campus
PO Box 278
Buffalo Lake, MN 55314
Superintendent/Elementary Principal David Hansen
Office: 320-833-5311 Ext. 223
Fax: 320-833-5312

BLHS District Office
PO Box 307
Hector, MN 55342
Business Manager: Wendy Holle
Office: 320-833-5311 Ext. 237
Fax: 320-833-0170

BLHSS MS/HS
Hector Campus
PO Box 307
Hector, MN 55342
Principal: Sam Schroeder
Office: 320-848-2233 ext. 304
Fax: 320-848-2401

Agosto de 2019

El distrito escolar no proporciona ningún tipo de seguro de salud o accidentes por lesiones sufridas por su hijo en la escuela.

RAZONES PARA ADQUIRIR ESTA COBERTURA:

1. Deducibles y copagos en su plan de salud. Muchos planes de salud han aumentado la cantidad de gastos de bolsillo.
2. Sin seguro.

Este plan proporcionará beneficios por gastos médicos incurridos debido a un accidente. Si tiene otro seguro, nuestros beneficios se aplicarán a su deducible o copago.

Si no tiene otro seguro, este se convertirá en su plan principal de accidentes.

Para comprar cobertura:

1. Imprima nombres, direcciones y otra información claramente.
2. Adjunte un cheque o giro postal pagadero a STUDENT ASSURANCE SERVICES, INC o complete el formulario de pago con tarjeta de crédito.
3. Imprima el nombre del estudiante en el frente del cheque.
4. Separe y conserve el resumen de la cobertura, y devuelva el sobre a STUDENT ASSURANCE SERVICES, INC. Dentro de los 10 días. La cobertura entrará en vigencia a las 12:01 a.m. después de la fecha en que la escuela reciba y fecha el formulario de inscripción y la prima.
5. Todas las preguntas sobre la cobertura pueden dirigirse a Student Assurance Services, Inc., al (651) 439-7098, o al número gratuito 1-800-328-2739.

Por favor, firme y devuelva la información a continuación si ya cuenta con un seguro adecuado.

Gracias,

Bill Thompson, Director

RENUNCIA AL SEGURO DE PADRES

El nombre del estudiante: _____

Tenemos un seguro adecuado para proteger a nuestro hijo / hija en caso de accidente.

Firma de los padres: _____

El programa está suscrito por Security Life Insurance Company of America, con sede en Minnetonka, Minnesota, y administrado por Student Assurance Services, Inc. de Stillwater, Minnesota.