

WEST FORK SCHOOLS
P.O. BOX 60, ROCKWELL, IA 50469
P.O. BOX 617, SHEFFIELD, IA 50475

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 students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost.

REASONS TO PURCHASE THIS COVERAGE:

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

The 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 name, addresses, and other information clearly.
2. Please enclose a check or money order made payable to FIRST AGENCY, INC.
3. Print student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to the school within 10 days. Coverage does not become effective until the premium is received by the School.
5. All questions regarding this coverage should be directed to First Agency, Inc. @ (269) 381-6330, or toll free 1-800-243-6298.

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

Thank You,

Paula Meints, Secretary – Rockwell Campus
Lorna Meyer, Elementary Secretary and Pam Carlson, High School Secretary – Sheffield Campus

PARENTAL INSURANCE WAIVER

Student's Name _____

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

Parent's Signature _____ Date _____

This program is underwritten by Guarantee Trust Life Insurance Company located in Glenview, Illinois and administered by First Agency, Inc. of Kalamazoo, Michigan.

Return to school