The International School
of Minnesota

STUDENT ACCIDENT PLAN (2018-2019)

Please read the following notice on this valuable coverage:

The Student Accident Plan, offered through A.W.G. Dewar, Inc., reimburses the parent for any medical expense which may arise from an accident causing injury to a student during the period of coverage. Coverage begins on the first day of classes and continues through the closing date of school. Reimbursement will be made up to $1,000 for each accident. The cost is $15.00 per student for the 2018-2019 academic year.

The Plan is broad in scope with few limitations and restrictions. Covered expenses include hospital bills, physicians' fees, x-rays, laboratory costs; in short, most medical costs incurred that cause a loss as a result of an accident. It covers all accidents, including sports injuries, on a 24-hour basis, whether sustained at school, at home, traveling between school and home, on vacation or wherever the student may be. Complete details of coverage are explained in the enclosed brochure.

Claim forms are available from The School or from Dewar. Our experience has shown that this coverage is important to many parents. Please consider your choice carefully and if you would like to enroll your student in this plan, please return this form to the ISM Main Office by your student's first day of school. If any questions arise, please call Dewar at (617) 774-1555.

STUDENT ACCIDENT PLAN

The International School of Minnesota
6385 Beach Road
Eden Prairie, MN 55344

☐ **Yes,** I wish to enroll the following student(s) in the Student Accident Plan and at a cost of $15.00 per student (complete the information below). This charge will be billed on the next statement from The School.

☐ **No,** I do not wish to enroll the following student(s) in the Student Accident Plan and I waive all rights to benefit under the policy (complete student's name and sign).

Student____

Student____

Parent/Guardian Name ____

Address ____

Signature ____

Student's Current Policy Number_________________________________

Provider____