

– Board of Directors –

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Central Kitsap School District

ERIN PRINCE, PHD
SUPERINTENDENT

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Fall 2020

Dear Parents and Legal Guardians:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District **does not** assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000s of others by offering you access to a low cost, voluntary purchase, student accident/sickness insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverages for over 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans and rates are offered. You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. As families' needs differ, you may also choose between Low, Mid and High levels of benefits. Also offered are a *Student Accident & Sickness Plan* and a *pharmacy discount program* for your entire family. If your child currently has coverage a plan such as this can help "fill in the gaps" in other insurance or HMO coverage.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time during the school year, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected. Enrollment is also available online by going to www.myers-stevens.com. Once processing is complete, an ID card verifying coverage will be mailed to you.

If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately return it to the school.

Sincerely,

Erin Prince
Superintendent

As parent/guardian of _____, I understand that the School does not assume responsibility for student injuries, but does offer a voluntary student accident insurance that is available for my purchase. I have received the information on this program.

Signed _____ Date _____

School Year 2020-21

School Official: Send completed for JW Admin - Ops