



Charlevoix Public Schools

Learning Success for All

Dear Parent:

We wish to emphasize that the school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. This plan will provide benefits for medical expenses incurred because of an accident. An explanation of the cost and benefits is explained on the premium envelope.

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.

In making application for this coverage, please read the envelope explaining the coverage carefully. The following instructions apply:

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 send the envelope to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. All questions regarding the coverage should be directed to Student Assurance Services, Inc., Stillwater, Minnesota (651) 439-7098, or toll free 1-800-328-2739.

Thank you.

Sincerely,

Charlevoix Public Schools
Administrative Office
104 E. St. Mary's Drive
Charlevoix, MI 49720
231.547.3200 p
231.547.0556 f

Charlevoix Elementary School
13513 Division Street
Charlevoix, MI 49720
231.547.3215 p
231.547.3150 f

Charlevoix Middle School
108 E. Garfield Street
Charlevoix, MI 49720
231.547.3206 p
231.547.3244 f

Charlevoix High School
05200 Marion Center Road
Charlevoix, MI 49720
231.547.3222 p
231.547.3154 f

Student Accident Insurance

Policy Identification Form and Claim Procedures

Company: Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082
800-328-2739
www.sas-mn.com
Monday-Friday 8:00am to 4:30pm Central

Website: www.sas-mn.com
K12 Students/Parents
Find My School

Provides: List of the states (choose yours)
List of schools (choose yours)
Summary of Benefits
Claim Form

Policyholder Name: _____
Policy School Year: _____
Policy Number: _____

Using this Policyholder ID is NOT a guarantee of benefits or confirmation of coverage under the plan. Benefits will be evaluated when a claim is submitted for payment.

Completed Student Assurance Services, Inc. claim form must be submitted prior to or along with itemized bills.

Student may use either a social security number or date of birth as personal member ID.

To File a Claim

- a) Claim form is available at school or website www.sas-mn.com.
- b) School must complete Part A for school related injuries.
- c) Parents complete Part B. Answer all questions.
- d) Submit copies of itemized bills to other medical and dental coverage first, the student insurance plan pays after other insurance (primary in Idaho, Ohio, South Dakota).

Submitting the claim and related expenses are parent responsibility. DO NOT rely on your medical provider or school to send information.

Parents send:

- a) Completed claim form
- b) Providers can bill us directly. You may give them a **COPY** of the claim form which includes the school district name and our mailing address.
- c) Explanation of benefits (EOB) from your primary insurance showing write-off, co-pay, co-insurance, deductible and/or payment.
- d) If providers will not bill Student Assurance Services, Inc. directly please send Itemized bills, **not statements**, that contain date of service, procedure code, diagnosis code, and federal tax ID number of the hospital or doctor often called (UB-04 hospital and CMS 1500 doctor). Balance due statements can not be processed.
- e) Send above information directly to:

Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082

Please allow 30 days before calling to check the status of your claim. If you have not heard from us within 30 days of submission, please contact us at 1-800-328-2739

There is a timely filing window of one year and ninety days. Do not wait to send information as this may result in claim denial.