



Download QR Reader App to scan



**\* \* \* \* ATTENTION PARENTS \* \* \* \***

**\* \* \* \* PARENTS – YOU ARE RESPONSIBLE \* \* \* \***

Under State Law, school districts are not liable for accidents which occur in schools. It is important to understand the school/district IS NOT responsible for medical payments or bills for your child. If your child is injured during ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY, all medical charges are YOUR RESPONSIBILITY.

The school district has purchased a supplemented accident policy which covers the students for UIL activities. This is a limited benefit policy and any charges not covered by this policy are your responsibility.

For the benefit of parents who do not have insurance or have limited health insurance, the school district is making available a VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE PLAN.

Plans include:

1. School Time Coverage which covers accidents during school hours ONLY
2. Full Time Coverage which covers the student 24 hrs a day, 7 days a week, any place, any time
3. Football Coverage for Varsity players grades 10-12
4. Dental Coverage which covers the student 24 hours a day for any dental accident

**THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.**  
**This insurance may be purchased at any time during the school year.**

**VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE**

	Annual Premiums WITHOUT UIL COVERAGE	Annual Premiums WITH UIL COVERAGE
School Time Coverage	\$ 25.00	\$ 115.00
Full Time Coverage	\$ 105.00	\$ 195.00
Dental Coverage	\$ 9.00	\$ 9.00
Football Coverage		\$ 325.00

In order to enroll your child in this VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE PLAN, please remember to:

1. **CONTACT YOUR CHILD'S SCHOOL OFFICE FOR YOUR APPLICATION/BROCHURE; OR**
2. **GO ONLINE TO [www.thebrokeragestore.com](http://www.thebrokeragestore.com); OR**
3. **CALL THE BROKERAGE STORE, INC FOR APPLICATIONS AND/OR ANY QUESTIONS.**  
**TELEPHONE NUMBERS: 800-366-4810 OR 210-366-4800.**
4. All major credit cards accepted.
5. Please make all checks payable to: Student Assurance Services

**I DECLINE COVERAGE AT THIS TIME**

\*\*\*The above is just a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

B/CAT