



Sapulpa Public Schools - 2026-2027 Renewal: Voluntary Student Accident Insurance

Enclosed is your school district's renewal packet for the 2026-27 school year. All coverage options, medical benefits & rates will remain the same. Please refer to the voluntary coverage document enclosed for additional information.

Why offer Voluntary Student Accident Insurance:

- ❖ Certain parents can be unforgiving, especially when their student is injured under the school's supervision or participating in sports. Offering this coverage before an injury occurs can assist administrators/coaches when handling these difficult situations.
- ❖ Due to affordability, many families have a high-deductible health plan. Should their student sustain an injury, their out-of-pocket cost could be significant and become a financial strain. When enrolled, a student accident policy can assist with those out-of-pocket medical expenses when their claim doesn't reach their health plan deductible.
- ❖ Some families are self-employed or for whatever reason have their student uninsured. For the best interest of the school district and the families involved, having accident coverage in place should be required/strongly considered especially if these students are participating in school sports.

Please note: What's mentioned above is only accomplished if the school district is directly notifying all PK-12 families about the coverage opportunity at the beginning of the school year and prior to each sports season beginning. Student Assurance Services will provide resources to use once the renewal application is received and processed in our office.

DUE DATE for Signed Renewal Application:

Enclosed you will find your school district's 2026-2027 renewal application. Please complete the renewal application by **June 8th, 2026**. Emailing or mailing the signed application is acceptable. As a reference, a copy of last year's application is included.

Coverage Options to Consider:

1. **Catastrophic Coverage:** Catastrophic injuries are never easy to deal with and usually entail a major surgery, an accidental death, dismemberment or felonious assault. With the rising cost of medical treatment and the unpredictability with students, the importance of a school district having a catastrophic policy is at an all-time high. This district-paid policy starts at \$1.20 per student (\$500 minimum premium) and covers all students during regular school hours. The affordability of this policy is very reasonable, considering the number of students involved.
2. **Coach's Camp - Youth Recreation - Field Trip Coverage:** This plan is designed to provide coverage for a group of students while participating in a camp or specific event. Rates start at \$3.00 per student (\$300 minimum premium). For high-risk activities (tackle football, wrestling, hockey or gymnastics) we would review for appropriate premium.

If you have any questions about the renewal or additional coverage options, please contact me at (800)-328-2739 or sonnyh@sas-mn.com.

Sincerely,

Sonny Heinrich, Director of K-12 Operations
Student Assurance Services, Inc.

*Specializing in Accident Coverage for Students while:
Attending School – Playing Interscholastic Sports – Participating in Camps/Rec Programs/Youth Events
Toll Free: (800) 328-2739 – Fax: (651) 439-0200 – Email: sonnyh@sas-mn.com*



APPLICATION FOR STUDENT ACCIDENT INSURANCE

Sapulpa Public Schools
511 East Lee
Sapulpa, OK 74066

- 1. What is the first day of authorized sports practice? 7/15/26
2. What is the first day of the regular school term? 8/20/26 Last Day of School 5/21/27
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.
Effective Date: 07/01/2026 Termination Date: 06/30/2027

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

Group Athletic Coverage: Plan:
Senior High Enrollment Grades \$
Junior High Enrollment Grades \$
Additional Coverage Plan: \$
Additional Coverage Plan: \$
All-Pupil Coverages: Plan:
Total Enrollment of all Grades (PK-12): @ \$ = \$

TOTAL PREMIUM = \$

(All premiums are due prior to the effective date of the policy. If the full premium is not received within 60 days of the effective date, the policy will be cancelled and no coverage will be inforce, unless otherwise agreed)

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

Directions: Please review each statement below and initial if you agree to the terms required. Student Assurance Services will provide voluntary student accident forms via email after the completed application is received in our office.

1. Voluntary Coverage for Student Athletes (Grades 7-12): Plan: L - 1513 (Voluntary)
I agree that my Athletic Department(s) will directly notify all families of student athletes about the voluntary student accident coverage available prior to the start of each sports season (fall, winter, spring). (Initial Here in Agreement)

2. Voluntary Coverage for All Students (Grades PK-12): Plan: L - 1513 (Voluntary)
I agree that all schools within my school district will directly notify all families about the voluntary student accident coverage available at the beginning of the school year. (Initial Here in Agreement)

Estimated Total Enrollment within School District (Required) 3400

- When initial above, it's agreed and understood that: (applies only to voluntary coverages)
a. The school will offer coverage to all students in the school system.
b. Football/Sports Coverage is available only if the school installs the Voluntary Student Coverage.
c. A school official will complete the school's section of each claim form for school related injuries.
d. If an enrollment form is returned to the school: Premium must be sent to the agent within 30 days of receipt; and a school official must date the premium envelope on the date received.
e. Only one student accident insurance plan will be offered by the school.

WEBSITE ACCESS AGREEMENT

By signing this form you will be given an access code to view the Master Policy, enrolled roster, and claim status information on our website. This code should only be shared with school administration. An email that explains how to access your school's information will be provided after the application is received and reviewed.

Applied for by: Michael Rose 918-859-8464 mrose@sapulpasps.org
Print Name of School Official Telephone Number E-Mail Address
Signature of School Official School Board President Date

Administrator of Policy/Claims:
If different than above Print Name Telephone Number E-Mail Address

Agent:
Print Name Telephone Number E-Mail Address

Administered by and Mail to: Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082



Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SAS Admin. Use Only