

STUDENT INJURY & SICKNESS PLANS: 2010-2011 SCHOOL YEAR
ADDENDUM TO ENROLLMENT AGREEMENT

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, The _____ School requires that every student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners. While most USA families are insured under managed care programs (HMO'S, PPO'S, etc) such "network plans" often create severe cumbersome administrative problems and procedures. In many cases these plans do not provide coverage for your child when away from home, and if they do, you are faced with up-front deductibles and co-payments not required when your child is home. It is your responsibility to contact your insurance company to discuss what benefits will be lost and what deductibles and co-payments will be required when your child leaves home.

- **Please note that our health center will not accept medical insurance policies issued in a foreign country or from a company outside the United States.**

To help you meet your financial responsibilities, we offer two plans, one of which will meet your needs.

PREMIER HEALTH PLAN I (PRIMARY COVERAGE)

Provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. This plan will cover students anywhere in the world for an annual premium of \$1,640 or for a 10 month period for \$1,490. This plan was designed especially for private secondary schools and meets the mandated requirements of _____ law.

Any USA students and International students who do not have coverage with a USA based insurance company (as a dependent on their parent's plan) must enroll in plan one.

PREMIER HEALTH PLAN II (SUPPLEMENTAL COVERAGE)

For families who have insurance accepted by providers in our area, PLAN II offers additional coverage. This plan offers limited benefits and is in no way meant to replace your existing coverage. Your child will be covered while in the USA for an annual premium of \$660 or for a 10 month premium of \$550.

You must select one of the three options provided below. Please complete the form below and return promptly to the business office. Thank you.

2010-2011 STUDENT INJURY & SICKNESS PLANS

1. [] Enroll _____ in PLAN I for:

STUDENT NAME

[] A full 12 months (8/15/10 through 8/14/11) for \$1,640

[] A full 10 months (8/15/10 through 6/15/11) for \$1,490

2. [] Enroll _____ in PLAN II for:

STUDENT NAME

[] A full 12 months (8/15/10 through 8/14/11) for \$660

[] A full 10 months (8/15/10 through 6/15/11) for \$550

3. [] Do not enroll _____ in either plan. In making this selection, I accept full

STUDENT NAME

responsibility for all medical costs incurred by my child. My present in-force plan is as follows:

_____	INSURANCE COMPANY NAME	POLICY NUMBER &
PHONE NUMBER		

_____	INSURANCE COMPANY ADDRESS	CITY, STATE &
ZIP CODE		

SIGNATURE OF PARENT OR GUARDIAN

DATE