

Pierce County High School and Middle School

Proof of Insurance Form

_____ I wish to purchase school insurance for my child. I understand that I can purchase insurance to cover my child during school hours and while participating in school sponsored activities, or I can purchase 24 hour insurance which provides year-round accident insurance protection anytime, anywhere.

_____ I do NOT wish to purchase insurance provided by the school because my child is covered under the policy listed below:

Name of Insurance Company _____ Policy No. _____

I understand that if my child is not covered by some form of insurance he/she cannot participate in the above sport.

I hereby give my permission for my child to participate in the above named sport. I, the undersigned, being the parent or legal guardian of the above-named child, and having the legal right to consent to medical treatment for said named child, do hereby agree that in an extreme case of emergency where I, as parent or legal guardian, cannot be reached, that our child's coach shall have the authority to obtain medical assistance and to consent to medical treatment on behalf of my child while my child is under the direct supervision of said coach.

Parent's Signature _____

Student's Signature _____

Date _____

ATTENTION PARENTS AND GUARDIANS

Supplemental Student Accident Insurance is Now Available



Health Special Risk, Inc. is offering two options for supplemental student accident insurance.

AT-SCHOOL COVERAGE

At-School coverage provides protection for students enrolled full time in Kindergarten through 12th grade during regular school hours for the entire school year.

24-HOUR COVERAGE

This coverage provides protection 24 hours a day, seven days a week for any covered student accident that occurs anywhere, not just on school grounds.

The premium for either option is paid annually. This one-time payment provides coverage for the entire year. Both coverage options provide protection beginning from the date of enrollment in the plan.

Supplemental student accident insurance is applicable for any covered activity. Certain exclusions and limitations apply. Please read the policy information carefully for an overview of the plan. If you wish to purchase this coverage, here's how to enroll:

Go to: www.K12StudentInsurance.com

New Visitors

- 1 Browse rates
- 2 Open a new account – Once you've determined your school is covered, you'll need to open a new account and add student and coverage
- 3 Add student(s) and coverage on the MyAccount page

Returning Account Holders

- 1 MyAccount Logon
- 2 Maintain Student Data
- 3 Maintain Insurance Coverage

For information or assistance regarding all student insurance, contact our customer service department at (866) 409-5733.

Underwritten by Mutual of Omaha Insurance Company,
3300 Mutual of Omaha Plaza, Omaha, NE 68175.

Policy Form T5MP Series 6440S NC; Series 6754S FL

Policy Form B33MP Series 8408S TX

Policy Form SR2014 TX

Riders: 868MS-EZ, 0KV5M, 6785M, 0CX5M, 867MS-EZ, 6773M, 0KV4M,
1359MS-EZ, 6653M, 850MS-EZ, 851MS-EZ, 6425M Rev 04-10, 0LJ8MS,
9130MS, 6925M, 1364MS, 0LC7M.



HSR
Health Special Risk, Inc.