Northeastern Clinton Central School  
103 Route 276  
Champlain, New York 12919

Date: September, 2019  
To: All Parents & Students  
From: Robb J. Garrand  
Superintendent of Schools

Subject: STUDENT ACCIDENT INSURANCE

The School District has made arrangements to offer Student Accident Insurance to students (K-12) voluntarily and on an individual basis.

We offer two (2) types of coverage:
1. Basic coverage that includes all school sponsored activities EXCEPT interscholastic athletics. (The cost is $16.61)
2. Basic coverage INCLUDING interscholastic athletics. (The cost is $17.04)  
(Available to Students 7th – 12th grade ONLY)

If paying with cash, you must have the EXACT amount. If paying with a check, please make the check payable to N.C.C.S.

All students must have their parents complete the insurance slip below WHETHER OR NOT they wish to participate in the Student Accident Insurance Program. Completed slips with parental signatures must be returned to the teacher prior to the end of the first week of school. The insurance becomes effective when the form has been completed, the premium has been paid, and the master list has been mailed or faxed by the school district and received by the insurance carrier.

To facilitate efficiency of coverage for students involved in athletics, we are asking that you choose this coverage in September if your child will be participating in our interscholastic athletic program. If you change plans mid-year, you will be charged the full price for the new plan.

For more information regarding the Student Accident Insurance Program, please contact the Athletic Director or your building principal.

I HEREBY REQUEST THAT MY CHILD:

Name ___________________________ Grade _________ Building _______________________

CHECK ONE:

_____ BE ENROLLED IN THE PUPIL BENEFIT PLAN, STUDENT ACCIDENT INSURANCE PROGRAM

_____ NOT BE ENROLLED IN THE PUPIL BENEFIT PLAN, STUDENT ACCIDENT INSURANCE PROGRAM

I understand that this is a limited, non-duplicating excess Insurance Program.

CHECK ONE:

_____ $16.61 FOR BASIC COVERAGE

_____ $17.04 FOR BASIC COVERAGE WHICH INCLUDES INTERSCHOLASTIC ATHLETICS  
(Available to Students 7th – 12th grade ONLY)

IF PAYING WITH CASH, YOU MUST HAVE THE EXACT AMOUNT. IF PAYING BY CHECK, PLEASE MAKE CHECK PAYABLE TO N.C.C.S.

____________________________________  ________________________  ________________
SIGNATURE OF PARENT OR GUARDIAN  DATE  STU-ACC-INS