



Todd Bugnacki, Superintendent  
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Dear Parent:

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. An explanation of the cost and benefits is explained on the premium envelope. The program is underwritten by Security Life Insurance Company of America, located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, MN.

We wish to emphasize that the school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

Again this year the district is making available accident insurance through Student Assurance Services, Inc. of Stillwater, Minnesota. This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, Student Assurance Services' benefits will be applied to your deductible or co-pay.

If you have no other insurance, this will become your primary accident plan. To purchase coverage:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to STUDENT ASSURANCE SERVICES, INC. or complete the credit card payment form.
3. Print student's name on the face of the check.
4. Detach and retain the summary of coverage and return the envelope to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 am. Following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. All questions regarding the coverage should be directed to Student Assurance Services, Inc., Stillwater, MN (651) 439-7098, or toll free 1-800-328-2739.

Please sign and return the information below if you already have adequate insurance.

Thank you.

A handwritten signature in black ink that reads 'Todd Bugnacki'.

Todd Bugnacki  
Superintendent