



Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage
- ◆ Interscholastic Sports Coverage
- ◆ 24-Hour/Full-Time Coverage
- ◆ Football Coverage
(Grades 9-12 for the football season)

- ◆ Extended Dental Coverage
Choose from Two Affordable Plans
Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

*or scan this QR code with
your smart phone to be
directed to our website*



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**
(Managed Online or by Printing/Mailing Enrollment Form and premium)
- ◆ **Brochure (English & Spanish)**
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**
(fillable form when enrolled student sustains injury)

For Questions, Call Student Assurance Services at (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

BASIC PLAN

Grades PK-12 \$95	Full-Time Coverage AND All Sports Coverage (Includes SPRING Football Season. Does NOT include FALL Football Coverage Grades 9-12) Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers participation in sports for students in grades PK-12. Does NOT cover participation in, or travel to and from FALL Football for students in grades 9-12.	Grades PK-12 \$160
Grades PK-8 \$19	School-Time Coverage AND All Sports Coverage (Does NOT include FALL or SPRING Football Coverage Grades 9-12) Covers the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular activities; c) practicing for or competing in sports which are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities and sports in school provided transportation. Does NOT cover participation in, or travel to and from FALL or SPRING Football for students in grades 9-12.	Grades PK-8 \$34
Grades 9-12 \$55		Grades 9-12 \$98
\$125	FALL Football Coverage Grades 9-12 - Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic Football, including travel in school-provided transportation. <i>DOES NOT INCLUDE SPRING FOOTBALL SEASON.</i>	\$240

Grades PK-12 \$9	day until school starts next year, treatment must begin within 60 days from the date of the injury and must be performed within one year from the date of injury. However, if within the one year period following the date of injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are not	Grades PK-12 \$9
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This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after the deductible, and in ID, IL)

1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete the enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expire on the selected expiration date of the annual term policy.

1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after the deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196 • STILLWATER, MN 55082
5. No claim can be completed until **all of the above documents** have been provided.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website www.sas-mn.com.

L-1539



COVERAGE PLANS

One Time Policy Year Premiums

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME _____ M.I. _____
Please Print
 Address _____
 _____ (Street)

(City) (State) (Zip)

Email AddressName of School _____Name of District

Student's Age	Grade	Phone
10	5	9876543210
11	6	8765432109
12	7	7654321098
13	8	6543210987
14	9	5432109876
15	10	4321098765
16	11	3210987654
17	12	2109876543
18	13	1098765432
19	14	0987654321
20	15	9876543210

GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)



Full-Time Coverage PK-12 AND All Sports (except FALL Football Coverage)

☐ \$95☐ \$160

School-Time Coverage PK-8 AND All Sports

☐ \$19

☐ \$34



School-Time Coverage 9-12 AND All Sports (except ALL Football Coverage)

☐ \$55☐ \$98

FALL Football Coverage Grades 9-12

☐ \$125☐ \$240

**Extended Dental Coverage
Grades PK-12**

☐ \$9

☐ \$9**TOTAL PREMIUM**

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**

*Please write student's name on the front of check. **NO REFUNDS**

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Student Accident Insurance

Policy Identification Form and Claim Procedures

Claims Administrator:

Student Assurance Services, Inc. (SAS)
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
Monday-Friday 8:00am to 4:30pm CST

Website: www.sas-mn.com

- 1) Under K-12 Students/Parents select "Find My School"
 - 2) Select State where the school is located
 - 3) Search and Select school name
- Provides:
Plan Summary of Benefits
Claim Form

Policyholder Name: Cobb County School District

Policy School Year: 2026 - 2027

Policy Number: 10-16-1539-470-100-6

Policy Expiration: 6/30/2027 11:59:59 PM

NOTICE TO PARENTS/STUDENTS AND PROVIDERS: Using this Policy ID form is **NOT** a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when an accident claim is submitted for payment.

A completed SAS claim form must be submitted prior to or along with itemized bills. Only one claim form for each accident needs to be submitted.

Use either the student's social security number or date of birth as a personal member ID.

Parents or providers must first submit copies of itemized bills to the student's other medical and dental insurance plan. This plan pays second or after other insurance coverage (Coverage is primary in ID, and primary if parent-paid in IL). Also, this plan does not cover penalties imposed by the student's other insurance coverage for failure to follow their guidelines or to use a preferred provider. (In KS penalty does not apply).

Submitting the accident claim and related expenses are parents/student's responsibility. **DO NOT** rely on the provider or school to send information.

To File an Accident Claim

- a) Download and print a claim form on the website www.sas-mn.com under school look-up.
- b) Notify the school immediately if the injury is school related, a school official must complete Part A of the claim form.
- c) Parents must complete Part B of the claim form. Answer all questions. If this injury is NOT school-related, then you may complete both Part A and Part B of the claim form.
- d) Parents or providers must submit itemized bills (often called UB04 or CMS 1500) that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor. Balance due statements cannot be processed.
Note: You can leave a COPY of the claim form and this form with the provider or facility. Providers may submit itemized bills directly to SAS on the student's behalf. However, some providers may require payment at the time service is provided or may send the bill directly to the parent.
- e) Parents or providers must submit explanation of benefits (EOBs) from the student's primary insurance coverages showing write-offs, copays, coinsurance, deductibles, and payments. This plan pays second to other dental or health insurance coverage. (Coverage is primary in ID, and primary if parent-paid in IL)
- f) Mail the completed claim form, itemized bills, and other insurance EOBs to:

**Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082**

Please allow 30 days after submitting the accident claim before calling to check claim status at (800)328-2739. The SAS claims office is available for calls between 8:00 a.m. to 4:30 p.m. Central Standard Time, Monday - Friday. Providers that receive electronic payments through Instamed must status claims with them.

There is a timely filing deadline of one year and ninety days to submit proof of loss. Do not wait to send information as this may result in claim denial. (Timely filing is one year and 180 days in North Carolina and does not apply in Utah)