



Governing Board  
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## 2022-23 School Year Health Insurance Coverage Verification

Dear Parent or Guardian:

The safety of our students is of critical importance to all of us and we want to protect them from injury. Even so, accidents do happen (at school and elsewhere) and required medical care can be expensive. Please know that your school does not assume responsibility for such costs but does offer you access to several student accident insurance plans for voluntary purchase. Details can be found in the included brochure/enrollment form or online at <https://www.myers-stevens.com/enrollment-page/>.

Options are available to cover your child 24/7, anywhere in the world or you can limit coverage to school-related injuries only. The plans do not restrict your choice of doctors or hospitals. However, you'll also have access to an extensive network of providers with discounted fees. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

**Interscholastic Sports** – Please know that all plans offered (other than the Dental Accident Plan) may be used to comply with applicable state and local insurance requirements for participation in interscholastic sports (coverage for high school tackle football is offered on a stand-alone basis).

To enroll, please visit [www.myers-stevens.com](http://www.myers-stevens.com); instructions for enrollment are available on the website. While your child is eligible to enroll at any time, one-time-pay rates for the accident medical plans and Dental Accident Plan are the same regardless of the enrollment date. As such, you are encouraged to consider enrollment now in order to include coverage for this summer and the full 2022-2023 school year. Once processing is completed, an ID card verifying coverage will be mailed home to you from Myers-Stevens.

If you have any questions or need help with enrollment, please contact the plan administrator, Myers-Stevens & Co. Inc. at 1-800-827-4695.

Sincerely,

Delores Perley  
Assistant Superintendent, Business/CBO

**Please complete the parent notification block (below) and return it to your child's school.**

As parent/guardian of \_\_\_\_\_ (Please print), at  **LGHS** or  **SHS**, I understand that the District/School does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

**I will enroll my child in the program**

**I will not enroll my child in the program**

Signed (Parent or Guardian) \_\_\_\_\_

Date \_\_\_\_\_