

## CUMBERLAND SCHOOL DISTRICT

### Dr. Barry Rose

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#### Abraham Ferguson

Elementary School Principal 1530 2nd Avenue Cumberland, WI 54829 (715) 822-5123 - phone (715) 822-5135 - fax E-mail: aferg@csdmail.com

#### Colin Green

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## **Daniel Hopkins**

High School Principal 1000 8th Avenue Cumberland, WI 54829 (715) 822-5121 - phone (715) 822-5138 - fax E-mail: dhopk@csdmail.com

#### **OUR VISION**

A model of educational excellence distinguished for its student-centered learning, innovative practices, welcoming environment, and passionate community engagement.

Cumberland School District is an equal opportunity employer.

Visit our website at www.cumberland.k12.wi.us August 2023

Dear Parents/Guardians:

We wish to emphasize that the Cumberland School District **does not** provide any type of health or accident insurance for injuries incurred by your child at school. As a service to students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

### Reasons to Purchase this Coverage:

- 1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
- 2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pay. If you have no other insurance, this will become your primary accident plan.

To enroll your child in this accident plan it is necessary to proceed as follows:

Purchase coverage online (with VISA or Mastercard) at <a href="https://www.1stAgency.com">www.1stAgency.com</a> and then follow directions at "Find Your School".

OR

Print brochure PDF from the website page at <a href="www.1stAgency.com">www.1stAgency.com</a> and pay with check or money order.

All questions regarding this coverage should be directed to First Agency, Inc. at (269) 381-6630 or toll-free at (800) 243-6298.

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

# Please return this section to school if you do not want to purchase this insurance. PARENTAL INSURANCE WAIVER

Student's Name:
We have adequate insurance to protect our son/daughter in case of an accident.
Parent's/Guardian's Signature:
Date: