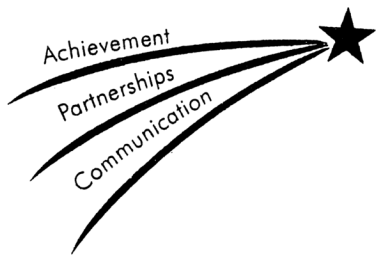


Pleasanton Unified School District



2006-07 School Year

Dear Parent:

Your child's school **does not** provide medical insurance coverage for school accidents. This means that **you are responsible** for your child's medical bills if he or she gets hurt during school activities. The accompanying student accident/health insurance plans are offered to help pay those bills.

Many coverage options are available. The Student Health and High Option 24-Hour Accident plans are especially recommended for those students with no other insurance because they provide the most help when injuries occur. Student Health Care covers illness as well as injury, 24 hours a day.

If your child does have other health coverage, student insurance may also be used to help pay those charges not covered by other insurance.

Please review your brochure carefully. If you have any questions, or need help with your application, please call the plan administrator, Myers-Stevens, at (800) 827-4695, or (714) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and send it back to the school with your child immediately.

Sincerely,

Sandra Lee Lemmons
Assistant Superintendent

As parent/guardian of _____, I understand that the 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.

Signature: _____ Date: _____

SLL/sc

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