



# 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 - \$16.00
- ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)

- ◆ Extended Dental Coverage - \$9.00

**Premium Paid Once a School Year**

## To Enroll Your Student & Review Medical Benefits

**Go to: [www.sas-mn.com](http://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 an 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 Services student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to [www.sas-mn.com](http://www.sas-mn.com). Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.

# STUDENT ACCIDENT INSURANCE INFORMATION & FACT SHEET

1. **Extended Dental Accident Option:** can be purchased by itself or in addition to the School-Time, Full-Time or Football Coverages.
2. **Interscholastic Sports Coverage:** There are 2 types of School-Time and Full-Time coverage options available. Families looking to cover their student (Grades 7-12) for interscholastic sports must select either the School-Time Coverage or Full-Time Coverage that **INCLUDES** interscholastic sports. The Interscholastic Sports coverage will expire at the end of the regular sports season of the current school year.
3. **Football (Grades 9-12) Coverage:** can be purchased by itself, or in addition to the School-Time, Full-Time or Extended Dental Accident Coverage. Football Coverage covers student during the regular/playoff football season only. 7th & 8th grade football players can either select School-Time or Full-Time coverage including interscholastic sports to have coverage during their regular/playoff football season.
4. Coverage for sports camps and off-season conditioning (including football) is available to the parents by purchasing School-Time coverage if the activity is sponsored and supervised by the school or Full-Time coverage if the activity is not school sponsored and supervised. Football coverage expires on December 31 of the current year, spring and summer football are covered as explained above.
5. Students may enroll anytime during the policy year and coverage will become effective at 12:01 a.m. following the date the coverage is purchased online or the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office. Please be aware that coverage rates are not prorated through the policy year.
6. Insurance remains in effect if an enrolled students move to another School District; however, if they then have a claim, families should indicate on the claim form the school district at which they purchased the insurance.
7. We will enter the names of all students that have purchased coverage into our system. School Districts are given an administrative access code to our website ([www.sas-mn.com](http://www.sas-mn.com)) Because of privacy issues this information should not be shared with the general public. After successfully entering in the code, you will have access to the Master Policy, roster of enrolled students, and claim status. A downloadable version of your brochure (English & Spanish) along with a claim form is available under "K-12 Students & Parents" section of the website.

# 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](http://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: \_\_\_\_\_

Policy School Year: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**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 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](http://www.sas-mn.com) under school look-up.
- b) Notify the school immediately if the injury is school related, the school administrator 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 can not 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 coverage 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 claim 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)

## Accidental Injuries Can Happen

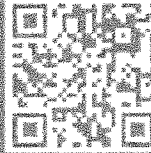
All Students (PK-12) are Eligible to Enroll into the School's Student Accident Insurance Program

### Reason to Consider This Coverage

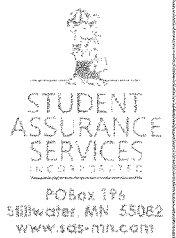
- High Deductible
- Student plays Sports
- No Health Insurance on Student
- Student is prone to injuries

This coverage is designed to assist with medical expenses should your student sustain an accidental injury.

One-Time  
Premium for the  
Entire School  
Year Coverage  
Premiums as  
Low as \$9



To Enroll Your Student(s):  
Visit [www.sas-mn.com](http://www.sas-mn.com)  
or  
Scan QR Code with Phone



Medical Expenses can be a Financial Hardship When the Unexpected Occurs  
For Questions, Contact Student Assurance Services at (800) 328-2739

# PROOF OF CLAIM

There is a timely filing period of one year and ninety days. Do not wait to send information as this may result in claim denial.

Email, Fax or Mail completed form to:  
**STUDENT ASSURANCE SERVICES, INC.**  
P.O. BOX 196  
STILLWATER, MINNESOTA 55082

NOTICE: Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

## CLAIM PROCEDURE:

1. A school official must complete and sign PART A\*
2. The student's parent or guardian must complete PART B.
3. See Page 2 for important claim procedures.

TO BE COMPLETED BY A SCHOOL OFFICIAL

## PART A: NOTICE OF INJURY

1. Name of School \_\_\_\_\_ School District Name \_\_\_\_\_  
 School Address \_\_\_\_\_  
(City) (State) (Zip)

2. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

3. Date of Injury \_\_\_\_\_  AM  PM

4. Under whose supervision? \_\_\_\_\_ Was he/she a witness? \_\_\_\_\_

5. The accident was incurred while the Insured was participating in:

<b>INTERSCHOLASTIC SPORTS</b>		<b>NON-INTERSCHOLASTIC SPORTS</b>	
<input type="checkbox"/> Practice	<input type="checkbox"/> Travel to/from Sport	<input type="checkbox"/> Travel to/from School	<input type="checkbox"/> Non-school activity
<input type="checkbox"/> Game		<input type="checkbox"/> In classroom	<input type="checkbox"/> Physical Education
What Sport? _____		<input type="checkbox"/> Other - Activity _____	
		<input type="checkbox"/> On school grounds	

6. Part of the body injured \_\_\_\_\_  Left  Right

7. Describe in detail how and where the injury occurred \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reported by \_\_\_\_\_  
(Signature of School Official) (Title) Date(mm/dd/yyyy)

(\*Part A may be completed by the parent if Full-Time Coverage was purchased.)  
IMPORTANT INFORMATION ON Page 2

TO BE COMPLETED BY A PARENT OR GUARDIAN

## PART B: PARENT STATEMENT

1. Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Date (mm/dd/yyyy)

Students Social Security # \_\_\_\_\_

Parents Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street, Route, Box, Apt., or Lot #) (City) (State) (Zip)

2. Home phone number \_\_\_\_\_

3. Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

4. Do you have insurance coverage?  Yes  No Is the student covered under your insurance plan?  Yes  No

Name of Insurance Company \_\_\_\_\_  
 Group  Individual  Medicaid  CHIP  Tricare  None

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed. By entering my name below, I am indicating my intent to sign this claim form and warrant that all of the information provided is true, complete, and accurate.

\_\_\_\_\_  
Date (mm/dd/yyyy) (Print Name of Student/Parent) (Signature of Parent or Guardian)

**STEPS TO FOLLOW WHEN FILING A CLAIM:**

1. Only one Student Assurance Services, Inc. (SAS) completed claim form for each accident needs to be submitted. Students must be treated by licensed physician or facility within the required time as stated in the policy.
2. The claim form and benefit summary are available at SAS website: [www.sas-mn.com](http://www.sas-mn.com). However, using this form is not a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when the claim is submitted, subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. A school official **must** complete Part A of the claim form for all school related accidents. The parent or guardian must complete Part B – Parent Statement of the claim form. Answer all questions on the claim form. If the accident is not school related, the parent or guardian **may** complete both Part A and Part B.
4. Submit copies of the student's **itemized bills** with the completed claim form. **Balance due statements cannot be processed.** These itemized bills often called UB-04 or CMS-1500 provide the Address, Date of Service, Procedure Code, Diagnosis Code, Federal Tax ID Number and NPI number of the treating physician or facility. **This plan has a timely filing deadline, do not wait to send information.**

**Note: A copy of the claim form can be given to the treating physician or facility. The provider may submit UB-04 or CMS-1500 itemized bills directly to SAS on the student's behalf. However, do NOT depend on the provider to submit the claim form or itemized bills to SAS. It is the parent/guardian's responsibility to provide this information.**

5. **Submit copies of the itemized bills to the student's primary family and/or group insurance company first**, even if the other insurance plan has a large deductible or copay. This plan pays second or is supplemental to all other valid coverage (does not apply to SAS primary plans). This plan does not cover penalties imposed for failure to use providers preferred or designated by the other primary insurance plan. The other insurance plan will provide an Explanation of Benefits (EOB) showing payment, write-off, deductible, copay, and coinsurance.
6. Mail, fax, or email the completed claim form, student's itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.  
P.O. BOX 196  
STILLWATER, MN 55082-0196  
Fax: (651) 439-0200  
Email: [claims@sas-mn.com](mailto:claims@sas-mn.com)  
Phone Number: 1-800-328-2739

**NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED TO SAS:**

1. Completed Claim Form
2. Itemized Bills (UB-04 or CMS-1500)
3. Explanation of Benefits (EOB) from the primary insurance plan
4. FOR DENTAL CLAIMS - American Dental Association Standardized itemized billing form

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.