



STUDENT INJURY AND SICKNESS PLAN/WAIVER FORM 2018-2019

ADDENDUM TO ENROLLMENT AGREEMENT

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, the Williston Northampton School requires that every student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners. While most American families are insured under managed care programs (HMOs, PPOs, etc.) such “network plans” often create severe bureaucratic and cumbersome administrative problems and procedures. In many cases these plans do not provide coverage for your child when away from home, and if they do, you are faced with up-front deductibles and co-payments not required when your child is home. It is your responsibility to contact your insurance company to discuss what benefits will be lost and what deductibles and co-payments will be required when your child is away from home. Parents of all out-of-state students should confirm with their individual health plans that service will be covered if needed when a student is out-of-state. Any uncovered medical expenses are the responsibility of the parent(s).

- Please note that we cannot accept AIG, AIU, Medicare, Medicaid, or medical insurance policies issued in a foreign country or from a company outside the United States.
- For day-to-day needs, all students should feel free to use the School’s Health and Wellness Services. The costs for these services are covered by the Health Services Fee charged at the beginning of the year.

To help you meet your financial responsibilities, we offer the following comprehensive plan:

UNITED HEALTHCARE PLAN

Provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. This plan will cover students anywhere in the world for a 10 month period for \$1,855.00. This plan was designed especially for private secondary schools and meets the mandated requirements of Massachusetts law.

- Any American students and international students who do not have coverage with a USA-based insurance company (as a dependent on their parents’ plan) must enroll in the plan.

You must select one of the two options provided below. Please note that this document is an addendum to your Reservation and Enrollment Agreement. Check the appropriate box below, include the Student’s name, sign your name, date, and return promptly to the Business Office. Should you have any questions regarding health insurance coverage, please contact the School’s Health and Wellness Services at (413) 529-3234.

Thank you.



WILLISTON
NORTHAMPTON SCHOOL

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www.williston.com

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Enroll _____ in plan for:

(STUDENT NAME)

A full 10 months (8/15/18 – 6/14/19) for \$1,855.00

Do not enroll _____

(STUDENT NAME)

in the plan. In making this selection, I accept full responsibility for all medical costs incurred by my child. My present in-force plan is as follows:

INSURANCE COMPANY NAME

POLICY NUMBER AND PHONE NUMBER

INSURANCE COMPANY ADDRESS

CITY, STATE, AND ZIP CODE

SIGNATURE OF PARENT OR GUARDIAN

DATE

Students will not be allowed to register for classes, participate in athletic practices, or receive their student ID/key card without providing proof of medical coverage and returning all health and insurance forms.

Questions on the above may be directed to the School's Health and Wellness Services at (413) 529-3234.
Please return the completed waiver form to the Business Office.