



August 1, 2009

Dear Parents:

Activities involving your children, both at and away from school, often create a risk of injury. Many of you appreciate the school offering year-round coverage underwritten by CIGNA Group Insurance for medical and dental expenses incurred as a result of accidental injury to students who elect coverage. Your fee is \$15.00 a year and covers a student 24 hours a day from the period of August 1, 2009 through July 31, 2010. This fee appears on your August 1st tuition bill.

In an effort to "Go Green", complete details of the coverage, benefits, exclusions and limitations are available in the Certificate of Insurance on our web site at: www.nicholsschool.org. The important features are: a \$25,000 **medical** expense limit per accident, a \$10,000 limit per **dental** accident and an Accidental Death benefit of \$15,000. There is a \$0 **deductible** on injuries, including interscholastic sports injuries.

The policy provides secondary coverage, and benefits payable under this policy are reduced by benefits payable under all other group plans you have. Subject to its terms, it pays for actual expenses or charges. As limiting provisions and exceptions of certain other contracts may exclude repayment of the kinds of expenses incurred, and as the expense of this coverage is nominal, **Nichols enrolls all students in the accident insurance program. However, you may decline coverage by completing the form below and returning it to Mary McCarthy in the Nichols School Business Office by August 25, 2009.**

Please note: We average one injury per year for a student whose parents have chosen to withdraw from the plan. Nichols does not carry insurance covering these injuries. If you elect to withdraw, please ensure your child is covered under your parental insurance program.

Sincerely,

Daniel E. Dolan
Chief Financial Officer

I decline participation in the Nichols School Student Accident Insurance Program.
Please credit my September statement.*

Student(s) Name (please print) _____

Parent's Name (please print) _____

Parent's Signature & Date: _____

Attn: Business Office, Mitchell Hall

*** Declination must be received by August 25, 2009 to obtain credit.**