

WILMETTE SCHOOL DISTRICT 39
OPTIONAL INSURANCE ENROLLMENT FORM

DEADLINE: SEPTEMBER 16, 2016

District 39 is offering a loss/theft optional insurance plan for students and parents as part of our 1:1 Learning Program. If you decline coverage, you still need to complete the form and indicate that you are opting out.

I understand that participation in Wilmette School District 39 Loss/Theft Insurance Plan is optional. I agree to the provisions outlined in the policy terms and understand that:

- Enrollment is voluntary..
- The policy does NOT cover damage.
- The policy only covers district issued iPads.
- This policy is for loss or theft of the iPad.
- Loss as a result of a violation of the iPad User Agreement is not covered. This includes but is not limited to dishonest, fraudulent, intentional, negligent, or criminal acts.
- Liability is limited to the replacement of the iPad; no additional liability is implied or assumed.
- Enrollment is voluntary and I am choosing to enroll.
- The \$40 premium is non-refundable and is an annual fee.
- All claims require a copy of a completed police report.
- Payment must be submitted prior to the deadline.

**If a student leaves District 39 for any reason, this loss/theft protection plan agreement becomes null and void.

Deductibles Per Claim	
1st Incident	\$75
2nd Incident	\$150
3rd Incident	\$225

PAYMENT

Check # _____

Cash

_____ Opted Out

_____ Will Pay Later - Payment must be received by September 16th, 2016

WILMETTE SCHOOL DISTRICT 39

OPTIONAL INSURANCE ENROLLMENT FORM

DEADLINE: SEPTEMBER 16, 2016

District 39 is offering a loss/theft optional insurance plan for students and parents as part of our 1:1 Learning Initiative. If you decline coverage, you still must fill out the bottom portion to indicate that you are opting out.

Please note that you must fill out one form for each student in the family.

Student Name	
Grade	5 6 7 8
Parent/Guardian Name	
Phone Number	

- I choose to participate in Wilmette School District 39 Loss/Theft Insurance Plan. I agree to the provisions outlined in the policy terms and understand that:
- The policy does NOT cover damage.
 - The policy only covers district issued iPads.
 - Loss as a result of a violation of the iPad User Agreement is not covered. This includes but is not limited to dishonest, fraudulent, intentional, negligent, or criminal acts.
 - Liability is limited to the replacement of the iPad; no additional liability is implied or assumed.
 - The \$40 premium is non-refundable.
 - All claims require a copy of a completed police report.

**If a student leaves District 39 for any reason, this loss/theft protection plan agreement becomes null and void.

Deductibles
 1st incident - \$75
 2nd incident - \$150
 3rd incident - \$225

Your signature below acknowledges that you are participating in the D39 District Optional Insurance plan and are accepting all aspects of that plan, including timely payment of premiums and deductibles.

Signature: _____ Date: _____

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- I would like to OPT OUT of District 39 Optional Insurance coverage for the iPad. By doing so, I accept full financial responsibility for the iPad and iPad accessories should it be lost or stolen.
- I would like to enroll but will submit payment later. I understand that if payment is not received by September 16, 2016, I will not have coverage.

Signature: _____ Date: _____

Please submit the form with payment to:
 ATTN: China Valdovinos, Technology Department 615 Locust Road, Wilmette, IL 60091

OFFICE USE ONLY:

PAYMENT Check # _____ Cash Received By _____