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# Sunshine Bible Academy

*God's Truth for Today's Youth* SINCE 1951  
400 Sunshine Drive • Miller, SD 57362-6821

605-853-3071  
FAX 605-853-3072



The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

As a service to students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost.

**REASONS TO PURCHASE THIS COVERAGE:**

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay.

If you have no other insurance this will become your primary accident plan.

**To purchase coverage:**

1. Print name, addresses, and other information clearly.
2. Please enclose a check or money order made payable to — **FIRST AGENCY, INC.**
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to First Agency, Inc. Coverage does not become effective until the premium is received by First Agency, Inc.
5. For coverage purchased for interscholastic football or other fall sports starting prior to the first day of school, the effective date will be the date the application and premium is received by First Agency, Inc.
6. All questions regarding this coverage should be directed to First Agency, Inc. @ (269) 381-6630, or toll free 1 (800) 243-6298.

**PURCHASE COVERAGE ONLINE** (with Visa or Mastercard) at [www.1stagency.com](http://www.1stagency.com) and then follow directions by choosing STATE and SCHOOL DISTRICT.

Please sign and return the information below.

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PLEASE RETURN THIS SECTION TO THE SCHOOL  
(Please ✓ one)

Student Name	24 hr/day Protection	At School Protection	Optional Football Protection	NONE*

\*We feel our family health insurance program is adequate should there be an accident involving our child. We agree to assume financial responsibility for any injuries occurring to these student(s).

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Parent/Guardian Signature

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Date