

**Miss Porter's School Summer Programs 2009 Health Insurance**

Miss Porter's School Summer Programs is pleased to offer our families an optional insurance policy for our Summer Students. This policy will provide primary insurance if you do not have coverage at all or if present insurance does not protect your child outside of your geographical area. This policy will cover students during the time of their participation in Summer Programs and during the day prior to and the day following their participation. Programs begin no earlier than Sunday, June 21, and conclude no later than Friday July 3, 2009. The price of this policy is extremely reasonable and covers most major medical expenses that might not be covered by your primary insurance, including ambulance and emergency hospital care. **Any domestic students uninsured and international students who do not have coverage with a United States-based company (as a dependent on her parents' plan) must enroll in the plan.** Since many families in the United States are insured under managed care programs (Regional PPO's, HMO's, etc.), the deductibles and co-payments substantially increase when your child is outside the provider's "network." Or she may have no coverage when stepping outside the provider's "network." Domestic parents often purchase this plan in addition to their existing plan. This is optional. **International parents must enroll their child, as National Insurance coverage in your home country is not sufficient.**

**ALL PARENTS MUST COMPLETE THE FORM BELOW TO ELECT COVERAGE OR GIVE EVIDENCE OF EXISTING COVERAGE.**

***IF WE DO NOT RECEIVE THIS FORM BY June 1, YOUR CHILD WILL NOT BE ALLOWED TO REGISTER FOR THE PROGRAM. If you feel you have adequate in-force accident & health insurance coverage for the entirety of the program, please complete Item G below, including plan name, the name of your U.S.-based insurance company and your plan certificate number.***

Please complete the form below, including the student's name, and sign your name, date, and return this form to the Summer Programs Office. If you purchase this insurance and your daughter will participate in 3 or 4 weeks of programs, be sure to complete multiple boxes.

**A. Sarah Porter Leadership Institute Level 1 Session 1**

Please enroll \_\_\_\_\_ in the Student Accident/Sickness Insurance Plan for Student Name the time period of June 21 to June 27, 2009 at a **premium of \$43.00**. Make checks payable to Miss Porter's School.

**B. Sarah Porter Leadership Institute Level 1 Session 2**

Please enroll \_\_\_\_\_ in the Student Accident/Sickness Insurance Plan for Student Name the time period of June 27 to July 3, 2009 at a **premium of \$43.00**. Make checks payable to Miss Porter's School.

**C. Sarah Porter Leadership Institute Level 2**

Please enroll \_\_\_\_\_ in the Student Accident/Sickness Insurance Plan for Student Name the time period of June 27 to July 3, 2009 at a **premium of \$43.00**. Make checks payable to Miss Porter's School.

**D. Sarah Porter Leadership Institute Levels 1 and 2**

Please enroll \_\_\_\_\_ in the Student Accident/Sickness Insurance Plan for Student Name the time period of June 21 to July 3, 2009 at a **premium of \$71.00**. Make checks payable to Miss Porter's School.

**E. Please DO NOT\*** enroll \_\_\_\_\_ in the Student Accident/Sickness Insurance.  
Student Name

\*By not subscribing I understand that my own health insurance policy may not cover all emergency medical services. I will not hold Miss Porter's School or any employee of the school responsible for any medical expenses that are incurred and not covered by my health insurance policy.

**\*\*Be sure to provide us with a copy of your health insurance card (with the consent for treatment form).**