



Dear Administrators:

Once again, thank you for the opportunity to handle your student insurance needs. If you plan to offer the **Voluntary** coverage to your students for the 2021-22 school year, please indicate below. Please keep in mind that this coverage is available to individual students at no additional cost to the district.

If you do not wish to offer voluntary coverage, please indicate below and return, as well.

If you have any questions, please give us a call at 1-859-623-7684. We look forward to working with your school system.

Sincerely,

Bob, Joe and John Roberts

Name of District _____

District Contact Person _____

_____ Our district **will** participate in the voluntary program.

_____ Our district **will not** participate in the voluntary program.