

**Maranacook Community Middle School - MLTI Project  
Insurance Coverage  
2006-2007 School Year**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**\*\* Insurance Coverage Information:**

\_\_\_\_\_ I will participate in Maranacook Community Middle School's self-insurance coverage at a cost of \$30.00 for this school year. Acquiring this insurance means that my student's laptop may go home. I understand that I am responsible for a \$100.00 deductible in the event of a claim.

**Payment Information:**

\_\_\_\_\_ Payment of \$30.00 enclosed. (Make check or money order payable to Maranacook Area Schools)

\_\_\_\_\_ Scholarship assistance requested. (A school official will contact you)

Parent Signature: \_\_\_\_\_

By signing you are acknowledging that you are participating in the MCMS Self-Insurance plan and accept all aspects of that plan, including timely payments and the \$100 deductible.

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\_\_\_\_\_ I choose NOT to Participate in Maranacook Community Middle School's self-insurance coverage.

\*\* A family may choose NOT to participate in the MCMS Self-Insurance program. By doing so it should be understood that the laptop may not leave school property. Intentional damage to a laptop requiring repair is still the responsibility of the student/family. Replacement cost of a laptop is currently \$900.00.

Parent Signature: \_\_\_\_\_

By signing you are acknowledging that you are DECLINING to participate in the MCMS Self-Insurance plan.