



250 Waltham Street ■ West Newton, Massachusetts 02465  
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**INTERNATIONAL**  
**STUDENT ACCIDENT & SICKNESS**  
**PLAN: 2011-12 SCHOOL YEAR**

Out of concern for the health and welfare of all our students, the Fessenden School has established a policy that requires every student to be covered by a comprehensive accident and sickness plan. The cost of medical services in the United States is high and often students arrive on campus without insurance or without coverage that is acceptable to local hospitals, clinics and doctors.

To help meet this responsibility, we have a **plan that provides primary insurance** coverage in the United States. This policy will cover students during a full 12 month period (8/15/11 - 8/15/12) anywhere in the world for an **annual premium of \$1,640; the cost for the 10 month plan is \$1,490**. This plan was designed especially for private schools and meets the mandated requirements of Massachusetts state law.

**ALL INTERNATIONAL BOARDERS MUST ENROLL IN either the 12 month or 10 month option.**

*The basic provisions and exclusions are outlined on the back of this sheet. Certificates with further details will be issued to every participant along with a personal identification card when School opens in the September.*

If we do not hear from you by **August 31, 2011**, your son **will be automatically enrolled in Plan I (10 month version) and the \$1,450. The premium will be charged on the September invoice.**

*QUESTIONS? Please call Michael Dylingowski in the Business Office at 617-630-2357 or e-mail to [mdylingowski@fessenden.org](mailto:mdylingowski@fessenden.org).*

**2011-12 STUDENT ACCIDENT & SICKNESS PLAN**

Please fill in your son's name and check **ONE** box, sign your name, date and return to the Business Office promptly.

Enroll \_\_\_\_\_ (student's name) in **PLAN I** (check ONE either 'a' or 'b'):

- a.  for a full 12 months ( 8/15/11 to 8/15/12) for an annual premium of \$1,640.
- b.  for a full 10 months (8/15/11 to 6/15/12) for an annual premium of \$1,490.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/2011  
DATE SIGNED

**PLEASE MAIL THIS FORM TO:** *Business Office, The Fessenden School, 250 Waltham St, West Newton, MA 02465 OR  
Fax to 617-928-8889*

**OVER FOR MORE INFORMATION →**