

Mr. Ricky Vonallmen, President  
Mr. Ray Murphy, Vice President  
Mr. Matt Barnes, Treasurer  
Dr. Brian Morrison, Secretary  
Mr. Jacob Deckard, Director  
Mr. Gerald Smith, Director  
Mrs. Casey Whisenant, Director

Dr. Melonie Bunn, Superintendent  
Mr. Jerry Premer, Executive Administrator  
Mrs. Tammy Raderstorf, Principal/Spec. Ed. Director  
Mr. Cody Swearengin, Athletic Director



## Richards R-V School District

3461 County Road 1710

West Plains, Mo 65775

Telephone (417) 256-5239 Fax (417) 256-3314

August 24, 2020

Dear Parents:

The Richards R-V 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. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

### 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, benefits can be applied to your deductible or co-pays. If you have no other insurance this will become your primary accident plan.

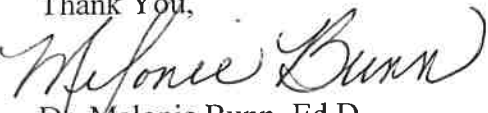
PURCHASE COVERAGE ON-LINE (with Visa or Mastercard) at [www.1stAgency.com](http://www.1stAgency.com) and then follow directions at "Find Your School".

OR

PRINT BROCHURE PDF at [www.1stAgency.com](http://www.1stAgency.com) and pay for the coverage with check or money order.

All questions regarding this coverage should be directed to First Agency, Inc. at (269) 381-6630 or toll free at (800) 243-6298. Please sign and return the information below if you already have adequate insurance.

Thank You,

  
Dr. Melonie Bunn, Ed.D.  
Superintendent

**"Enable All Students To Become Responsible, Productive Citizens In A Changing World"**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Advisory Teacher: \_\_\_\_\_

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_