

MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street, Montoursville, Pennsylvania 17754-1900

MR. DANIEL TAORMINA  
*Superintendent of Schools*  
570-368-2491

MRS. BRANDY N. SMITH  
*Business Manager/Board Secretary*  
570-368-3500

Annual Device Insurance Enrollment Form

The Montoursville Area School District Device Insurance Program is offered as a low-cost solution against accidental damage, loss, or theft of the district devices provided to our students. This insurance covers the device whether in school or at home. Please read all the information on the last page of this document before completing the form. Please submit only one form per household.

**Step 1**

**Provide Student and Guardian Information:**

Parent/Guardian/Head of Household: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Student(s) at This Address:

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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## Step 2

### Opt In or Out of the Insurance Program:

Opt In and Calculate Cost Below

Opt Out and Skip to Step 4

		<u>Standard Rate</u>	<u>Direct Cert Eligible Rate</u>	<u>Total</u>
1 <sup>st</sup> Student =	1 x	<input type="checkbox"/> \$20	<input type="checkbox"/> \$10	\$ _____
2 <sup>nd</sup> Student =	1 x	<input type="checkbox"/> \$15	<input type="checkbox"/> \$5	\$ _____
Additional Students =	___ x	<input type="checkbox"/> \$10	<input type="checkbox"/> \$5	\$ _____
<b>Total Insurance Cost =</b>				<b>\$ _____</b>

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## Step 3

### Provide Payment:

Option 1:

I have paid online via my SchoolCafe account.

\*Pay via the online school store. Do NOT add this payment into your cafeteria balance.

Option 2:

I have paid via check. The check number is: \_\_\_\_\_.

\* Make check Payable to Montoursville Area School District, and put "Device Insurance" in the Memo.

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## Step 4

### Provide Guardian Signature:

By signing this form, you state that you have read and agreed to all information on this form, including the information on the following page, and related School Board policy.

Parent/Guardian/Head of Household Signature: \_\_\_\_\_

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## **Important Information:**

### **Program Overview:**

As part of MASD's one-to-one device initiative, each student is provided an appropriate learning device and a charger for that device. This **optional** insurance program is designed to minimize the cost of accidental damage done to these devices. Families have the **yearly** option of opting in or out of this program.

If opting **IN** to this program, the device assigned to your child will be insured for the current school year, and you will not be invoiced for any accidental damage done to the device.

If opting **OUT** of this program, the device assigned to your child will **NOT** be insured for the current school year, and you will be invoiced for any damage done to the device. You may choose to opt in at any time, but damage done prior to opting in will not be covered.

### **Insurance Form Information:**

The information provided on this form will be used by the MASD Technology Department to determine your enrollment status. By signing this form, you agree to share all information provided for this purpose. By signing this form, you also grant permission for MASD technology staff to verify your child's **Free or Reduced Eligibility Status** to receive discounted rates.

### **Insurance Coverage:**

The MASD Student Device Insurance Program **will cover** the cost of:

- Accidental damage to your assigned device.
- Accidental damage to your assigned charger.
- Loss of your assigned device (must be promptly reported).
- Theft of your assigned device (must be promptly reported).

The MASD Student Device Insurance Program **will NOT cover** the cost of:

- Intentional damage to your assigned device or charger.
- Loss or theft of your charger.
- Devices and chargers not returned when requested by the district.

An invoice will be sent to the address on record for any uninsured or uncovered loss and damage costs. If invoiced for the loss of a device or charger, returning the **original** device or charger is considered a valid payment.

### **Payment Information:**

The district accepts the following two forms of payment. **Please do NOT pay in cash.**

#### **SchoolCafe:**

SchoolCafe is the online payment service used by MASD. SchoolCafe is primarily used to fund lunch accounts, but also houses the "School Store" where insurance payments can be made. MASD will **NOT** automatically transfer funds from your lunch account to pay for this Insurance program. For more information about how to use SchoolCafe or create an account, go to <https://www.montoursville.k12.pa.us/district/departments/food-services/schoolcafe/>

#### **Check:**

Please make all checks out to **Montoursville Area School District** and put "Device Insurance" in the memo section. Checks can be dropped off at the school office or mailed to the District Office at the following address:

50 North Arch Street  
Montoursville, PA 17754