

IASD Technology: Transforming Education Empowering Learners
IASD 1:1 Chromebook Insurance Plan 16-17

Insurance

It is strongly recommended that every student's device be insured through the IASD school insurance plan, as part of participating in the 1:1 Chromebook Initiative at the Senior High School. All students in grades 9-12 will be issued a Chromebook. Upon graduation, students may assume ownership of the Chromebook according to the following scale:

4 years of insurance with no claims and a payment of \$0
 3 years of insurance with no claims and a payment of \$40

2 years of insurance with no claims and a payment of \$100
 1 year of insurance with no claims and a payment of \$160

Cost

The cost for insurance is \$40.00 per school year. Please make check or money order payable to the "Indiana Area School District". Payment may also be made through MySchoolBucks.com. In case of financial hardship, please see your **School Counselor**.

Payment

Please print your student's first and last name in the memo portion of your check or money order. Payments should be mailed to or dropped off at the Indiana High School Office, 450 N. 5th Street, Indiana, PA 15701. No cash payments will be accepted.

Coverage Includes - Up to two claims per coverage year:

Theft - All theft claims must have a police report filed within 5 days of the theft
 Natural Disasters
 Replacement Charger - Up to one charger per coverage year

Accidental Damage
 Fire
 Power Surge
 Vandalism

Procedures

All insurance claims should be submitted to the IASD Staff located in T³ during homeroom. All claims must be submitted the next available school day following the incident.

You must complete the section below whether accepting or declining insurance.

Accepting Insurance Services

If sending payment by mail, please return bottom portion with your check. Payment may also be made through MySchoolBucks.com. Please sign below if you accept the insurance terms above.

Student Name(s) Printed:	Grade Level:
Student Signature:	Date:
Parent/Guardian Printed:	
Parent/Guardian Signature:	Date:
Contact Number:	Contact Email:
Amount Enclosed \$	Check Number:

Declining Insurance Services

I do not wish to participate in the IASD 1:1 Chromebook Insurance Plan. I recognize that we as a family are responsible for all repairs and replacement costs not covered under factory warranty. The signatures below signify declining the insurance plan and accepting the financial responsibility of Chromebook and charger damages or loss that occur.

Student Name(s) Printed:	Grade Level:
Student Signature:	Date:
Parent/Guardian Printed:	
Parent/Guardian Signature:	Date:
Contact Number:	Contact Email: