Optional Device Insurance Election Form

Form must be completed and returned within 7 days of receipt.

Kirbyville R-VI District
Providing a progressive, quality education
6225 E. Highway 76 Kirbyville, MO 65679
Phone: (417) 337-8913 Fax: (417) 348-0794

Overview

The district offers an optional insurance program to reduce or eliminate costs associated with device damage, loss, or theft. The decision to accept or reject this program is entirely voluntary and has no effect on a student's access to technology. Insurance must either be accepted or rejected at time of enrollment and all costs paid within 30 days of enrollment. If fees are not paid within 30 days of enrollment participation in the insurance program will be discontinued. Gross negligence and intentional damage are explicitly not covered and will incur the full cost to repair or replace.

Benefits

Families who elect to take the coverage will have the following benefits.

- No fee for the first reported incident of accidental device damage that year per student.
- Reduced fee of $30 for each accidental damage event after the first that year per student.
- A reduced fee of $50 for the first reported incident of device theft or loss that year per student.
- A reduced fee of $75 for subsequent reported incidents of device theft or loss that year per student.

Cost

If your first reported incident is a lost or damaged charger, you may waive coverage for that incident and pay a $20 replacement fee. This would save your $0 repair fee for a more costly repair..

The cost for this insurance is $20 per student with a maximum cost of $40 per family. If the family participates in the Free and Reduced Lunch Program, the cost is $10 per student with a maximum cost of $20 per family.

Insurance Cost

Name	Standard Cost	F/R Lunch Cost
Individual Fee	$20/student	$10/student
Maximum per family	$40/family	$20/family

Common Uninsured Repair Costs

Component	Costs
Power Adapter + Cord	$20
Approved Case	$30
Top or Bottom Casing	$40
Battery	$45
Keyboard / Touchpad / Palmrest	$55
Screen	$75
Mainboard	$125
Touch Screen	$140
Full Replacement	$250

Note: These prices are given as an estimate only. Actual prices may vary from those shown here.

Hardship

If the above described costs present a significant hardship, then families may contact the building administrator to discuss a potential fee waiver.

Sign On Other Side

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Only 1 form per household needs to be returned.

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Form must be completed and returned by

_____

☐ I elect to decline optional device insurance for my student(s).

☐ I elect to accept optional device insurance for my student(s) and pay the fee indicated below.

Please list each student enrolled in the Kirbyville R-VI School District

Students Enrolled	Incoming Grade

Fee Due Within 30 Days of Signature.

Applicable Fee

Standard		Free / Reduced Lunch	
☐	$20 - Single Student	☐	$10 - Single Student
☐	$40 - Family	☐	$20 - Family

By choosing Free / Reduced Lunch you agree that we may verify your eligibility or participation in the F/RL program.

Signature:_____ Date:_____