

## 天主教鳴遠中學家長教師會 P.T.A. of Catholic Ming Yuen Secondary School

# Submission of the 24th PTA membership fee / Re-purchase of the Students' Accident Insurance

Dear Parents,

Thank you for your long-term support to the development of the PTA. A variety of school activities have been supported by the PTA. Last year, we sponsored the academic award scheme, tutor fees for the extra-curricular activities and the life-wide learning activities. This year, we will reinforce the development of the school by holding parenting educational activities and volunteering activities. The affairs will be explained as follows:

- 1) PTA membership fee of \$80 will be collected for the academic year of 2020-2021. Even if two or more children are studying in our school, you need to pay \$80 only. The fees collected will be spent on developing our students in different aspects.
- 2) We have purchased the insurance service in terms of personal injuries and accidents from Union Faith Insurance Agency Limited. The annual insurance fee is \$34 per student. The one-off payment will be allocated from the collected membership fee to pay for the insurance. (The scope of the insurance coverage is in Appendix 1).

Please ask your child to return the reply slip to the class teachers on or before 17<sup>th</sup> November 2020 (Tuesday). The membership fee by cash or cheque should be given to the class teachers on or before 19<sup>th</sup> November, 2020 (Thursday). The receipt will be issued as soon as possible.



Yours faithfully,

He Wei Qing

Chairperson of the 24th PTA

Yuen Yuk Lan Principal

12th November, 2020

### **EduCare School Protection (For government or aided schools)**

#### Introduction

Group Student Personal Accident is proposed to cover accidents leading to death or injuries. Expenses for bone-setting and acupuncture treatment expenses are also included even if no consultation by registered medical practitioners.

The Cover	The Insured Amount (HKD) (In respect of any one accident)
Death	\$120,000
Permanent Total Disablement (loss of hands	\$100,000
and legs, loss of hearing, loss of sight in both	
eyes)	
Medical Expenses Incurred	\$5,000
(A maximum of \$1000 for bone-setting or	
acupuncture treatment expenses)	

### The coverage includes the following six situations which happen in HK.

- 1) School-time and inside the School Campus;
- 2) Participating in all schooling and / or educational activities or activities organised or arranged by school;
- 3) Travelling by vehicles operated or arranged by the school provided that the vehicles are being operated by or on behalf of the school;
- 4) Food or drinks poisoning caused by consuming food or drinks provided by school.
- 5) The effect of gas inhalation when attending school or activities.
- 6) The course of travelling to the school campus for the purpose of attending classes or participating in schooling on / or educational activities organised by school.

#### Remarks:

- 1) Self-payment amount:
- No medical bill is needed for consultation in government hospitals or clinics
- Treatment in other hospitals or clinics: \$150 for each accident
- 2) All students must join this insurance scheme.
- 3) If you need any further information about the other insurance prgrammes, please feel free to contact us.

## << Reply Slip >>

(Please return the reply slip and the fee to Mr. Ling in the general office through the help of the class teachers on or before  $17^{\text{th}}$  November 2020)

### Item 1: PTA membership fee

Dear Chairperson and Principal, I understand all the information r (*Please tick the appropriate boxes.)	elated to the circula	r of PTA membership fee.
☐ I agree with the PTA Programembership fee (\$80) on or (If you pay by cheque, make Scondary School")	before 19th November	2020.
$\square$ I would like to talk to the	class teachers about	the submission of the fee
□ Other opinion(s):		
Item 2: Purchase of Group S' Scheme)  Dear Chairperson and Principal, Having read the circular of the insu (*Please tick the appropriate boxes.)  I understand the above-men  My opinion about the above	rance covering Group S tioned details.	tudent Personal Accident,
Name of Student:	Class:	Student No.:
Name of Parent:	Parent's Signatu	ire;
	Date:/	

