

South Bend Community School Corporation



Student Athletic Insurance Summary of Benefits

Student Athletic Insurance

The South Bend Community School Corporation wants your child's experience in our athletic program to be a safe and positive one. However, accidents do happen and the Student Athletic Insurance program is provided to ease the cost of medical bills.

This easy-to-read pamphlet is designed to explain the Student Athletic Insurance program required for student athletes. We hope you find it informative and more importantly, hope your student-athlete never needs to use it.

All students who tryout/participate in a South Bend Community School Corporation (SBCSC) extracurricular athletic activity **must** enroll in the Student Athletic Insurance. Participation in this plan is **mandatory**, regardless of whether your student-athlete is covered under another insurance policy. *Please be aware that the privilege to participate in athletics will be denied if your child does not enroll in the Student Athletic Insurance program.*

Student Athletic Insurance coverage begins on the first day of tryouts, conditioning, and/or practice for any SBCSC sanctioned extracurricular athletic activity. At the High School level: 1) coverage may begin prior to the start of IHSA sanctioned practice, when candidates participate in supervised preseason conditioning programs, providing the insurance payment, enrollment form, and all other required paper work is received and on file with the Athletic Director prior to starting, 2) those who participate in a sport are also covered in that sport's "out of season conditioning", for the entire school year, at no additional cost.

At the Intermediate Center level, insurance coverage ends on the last day of the sanctioned season of the sport.

Parents/guardians of a student athlete must complete the Medical Release & Insurance Enrollment form (attached) and provide the proper insurance payment, prior to the beginning of the sport season and your student's participation.

Insurance participation payment cannot be refunded, in whole or in part, for any reason.

All participants, which include managers and auxiliary personnel, pay the insurance premium listed, below, for that particular sport and level.

All Intermediate Center Sports	\$20
HS Football HS Cheerleaders (lifters and mascots)* HS Wrestling	\$30
HS Basketball HS Soccer HS Baseball HS Softball HS Track HS Volleyball HS Poms	\$25
HS Cross Country HS Golf HS Swimming HS Tennis	\$20

*Cheerleaders have 2 seasons (fall and winter) and pay per season.

An accident is defined as an unexpected sudden and definable event which is the direct cause of a bodily injury, independent of any illness or congenital predisposition. Conditions which result from participating in interscholastic sports do not necessarily constitute an accident. Illnesses, disease, degeneration and conditions caused by continued stress to a particular area of the body, and existing conditions aggravated or exacerbated by an accident are not covered.

The Student Athletic Insurance program is excess coverage and payment is made only after payment has been made by the primary carrier. **If you are a member of a HMO/PPO or similar plan, the proper procedures outlined by that plan must be followed before this coverage has any liability.**

Coverage is provided by Guarantee Trust Life Insurance Company and administered by First Agency, Inc.

Student Athletic Insurance will process medical bills resulting from an accident sustained in the course of a scheduled game or supervised school practice (this excludes any practice that your student-athlete does on his/her own time or that is not sanctioned by the school).

A \$50 deductible is applied to each incident. The deductible is applied to the balance of bill, after the primary insurance has paid.

Notify your coach, trainer, and/or athletic director/coordinator of any injury immediately.

HOW TO FILE YOUR ACCIDENT CLAIM FORM:

1. Complete **ALL** blanks. If information is not applicable, indicate the **reason** it is not (e.g., deceased, unknown).
2. Attach all **ITEMIZED** bills to date (**not** balance due statements) for **MEDICAL EXPENSES ONLY**. Subsequent medical bills can be submitted within 90 days after date of treatment.
3. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge **must** be processed by all other insurances/plans before they can be processed by First Agency, Inc.)
4. If you are employed and no coverage is provided by your employer, **A LETTER OF VERIFICATION FROM YOUR EMPLOYER STATING THAT NO COVERAGE IS PROVIDED MUST BE SUBMITTED.**
5. Mail claim form within 90 days of the accident to:

Guarantee Trust Life Ins. Co. administered by
First Agency, Inc. 5071 West H Avenue
Kalamazoo, MI 49009-8501

- Please note: you are responsible for requesting a claim form and mailing in the insurance claim form.

The Student Athletic Insurance Summary of Benefits pamphlet is intended for informational purposes only. It is not intended to serve as legal interpretation of benefits. Reasonable effort has been made to have this pamphlet represent the intent of the contract language. If the terms of the contract differ from the language in this pamphlet, the contract will govern.

Please keep this pamphlet for your records.