

**NEWPORT CENTRAL CATHOLIC
ATHLETE ACCIDENT INSURANCE**

F O R M # 4

TO: PARENTS/GUARDIAN

Below please find information outlining the benefits, limitations and exclusions of the accident insurance program. Note that the insurance is "secondary" to any other insurance coverage the family may have and will pay only on medical expenses not payable by other sources of coverage.

BENEFITS:

If accidental bodily injury occurs while participating in a school sponsored and supervised activity and required treatment within 90 days from the original injury date by a licensed Physician or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses (see LIMITATIONS below) for necessary medical, dental or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, which are not paid by other collectible insurance plans (SEE LIMITATIONS AND EXCLUSIONS BELOW).

CLAIM PROCEDURE:

1. Present a claim to your own insurance company FIRST. After settlement has been made with your insurance company, make certain all questions on the claim form are complete.
2. You will receive a claim form PART ONE. (See Sample) will be filled out at school.
3. Parents should fill out PART TWO.
4. Follow directions at the top of the form.

NOTE: TREATMENT MUST COMMENCE WITHIN 60 DAYS

LIMITATIONS:

1. Hospital Room & Board (semi-private room rate) – Inpatient hospital miscellaneous charges (Usual & Reasonable)
2. Outpatient hospital charges (Usual & Reasonable)
3. Physical Service (Usual & Reasonable)
4. Dental (Usual & Reasonable)
5. Ambulance (Usual & Reasonable)
6. \$10,000 - \$1,000,000 Maximum
7. When Excess Insurance is provided and another Plan Providing Medical Expense Benefits to an Insured is an HMO, PPO or similar arrangement for provision of benefits or services, and the Insured does not use the facilities or services of the HMO, PPO or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under this Policy shall be reduced by 50%. This limitation shall not apply to emergency treatment required within 24 hours after an Accident or when the Accident occurs outside the geographic area served by the HMO, PPO or similar arrangement for provision of benefits or services.
8. The maximum medical benefit payable for treatment of injuries sustained in an Accident involving a motor vehicle shall not exceed \$10,000.

PLEASE READ CAREFULLY:

The accident insurance plan has been designed to provide maximum benefits at a minimum premium. You must indicate on the claim form the name of your personal insurance company and your policy number before benefits can be paid by the insurance plan. Failure to provide complete claim information will prolong payment of allowable benefits.

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TO: Newport Central Catholic High School

As parent/guardian of _____, I have read the above information and agree to the provisions of the insurance plan. My family or group insurance coverage is with _____ Insurance Co. My child participates in the following sports:

Signed: _____
Parent or Guardian