

SCHOOL INSURANCE OF FLORIDA - CLAIM FORM

PLEASE MAIL THIS CLAIM FORM/ NOTICE OF INJURY TO:

SCHOOL INSURANCE OF FLORIDA, P.O. BOX 784268, WINTER GARDEN, FLA. 34778-4268.

PARENTS: POLICY LIMITATIONS AND EXCLUSIONS ARE ON THE TAKE HOME BROCHURE. THE POLICY DOES NOT PAY 100% OF EXPENSE. THIS IS EXCESS INSURANCE. **YOU MUST FILE WITH YOUR PRIMARY INSURANCE FIRST.** THIS FORM MAY NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED AND ALL SIGNATURES ARE IN PLACE. **THIS CLAIM FORM AND THE STUDENT ACCIDENT REPORT MUST BE FILED WITHIN 90 DAYS AFTER DATE OF ACCIDENT. IT IS THE DUTY OF THE CLAIMANT (PARENT/GUARDIAN) TO FURNISH THE COMPANY WITH BILLS, EXPLANATION OF BENEFITS FROM PRIMARY INSURANCE WITHIN 365 DAYS OF AN ACCIDENT.** THE UNDERWRITING COMPANY: RELIANCE STANDARD LIFE INSURANCE CO. PHILADELPHIA, PA.

PARENT/GUARDIAN MUST COMPLETE AND SIGN THIS FORM Please print your answers.

1. Name of School:	County:	Grade:
2. Last Name of Student:	First Name:	Middle Initial:
3. Mailing Address of Parent:	City:	State: Zip:
4. Home Phone # () -	Date of Birth / /	

5) WE CANNOT PROCESS THIS CLAIM UNLESS YOU GIVE US A DETAILED DESCRIPTION OF HOW THE ACCIDENT OCCURRED THAT CAUSED THE INJURY. (Use back of this form if more space is needed).

6. Injury Date: Month _____ Day _____ Year _____ Time _____ AM or PM Location of the accident: _____

7. Nature of Injury (indicate part of body injured-such as broken arm, sprained ankle etc...) _____

8. Name of your Primary Insurance Company covering this injury: _____
How much is your deductible? _____ *

9. Address of claims office of insurance company on line 8. _____

Mother's Name _____ Fathers Name: _____

Mother's
Employer: _____ Occupation: _____

Mother's Employer Address: _____ Telephone # _____

Father's
Employer: _____ Occupation: _____

It is the parent/legal guardian responsibility to ask Doctors and Providers what balances you may be required to pay regarding this claim.

Father's Employer Address: _____ Telephone # _____

The above answers are true and correct. I hereby authorize any person or institution to release any information requested by the insurance company or its agent to them, including history and physical, diagnosis or other medical or insurance information. A photo static copy of this authorization shall be considered as effective and valid as the original.

PARENT/GUARDIAN SIGN HERE: _____ DATE: ____/____/____ Print Name Here _____

FLORIDA LAW: "Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of third degree."

IMPORTANT INFORMATION: DO NOT LEAVE THIS FORM WITH THE HOSPITAL OR DOCTOR'S OFFICE

1) Mail this Claim Form, and a copy of the School Injury Report Form directly to: **School Insurance of Florida, P.O Box 784268 Winter Garden, FL. 34778-4268**

2) If you have primary coverage file your claim with the primary insurance first. After the primary insurance processes your claim, submit the primary insurance explanation of benefits and itemized bills to School Insurance of Florida. QUESTIONS? Please do not call the school. They do not have or keep claim information. Contact **School Insurance of Florida** direct 800-432-6915.

**2016-2017 Hillsborough County School District
Important Information for Parents of Student Athletes**

Dear Parents:

The Hillsborough County School Board is very interested in providing a safe environment for all student athletes. However, accidents do happen during athletic practices and games. To assure that all athletes have access to basic accident insurance, the Hillsborough County School Board requires all parents to pay a sports participation insurance fee that provides coverage with basic supplemental accident insurance. The school sports accident insurance plan is not intended to replace family insurance policies. **If you have other primary insurance, the school policy may help pay some of the expenses such as deductibles, co-insurance and dental expenses that are not covered by your family insurance policy. The policy will not pay for 100% of all medical expenses.** The policy is in effect during FHSAA approved sports practices and games that are directly supervised by a Hillsborough County School District employee. The school policy coverage will begin on June 8, 2016 and terminates on the last official FHSAA game of the sports season or June 7, 2017, whichever is first. This policy includes 2016 summer conditioning as defined on this form and by the Florida High School Athletic Association, (FHSAA). No coverage is provided for any club sports, open gyms, private leagues, summer sports camps, summer leagues, summer games, summer practices or drills; or any sports activity that is not FHSAA sanctioned or not listed on this form.

Please visit WWW.HCPSAthleticProtection.com for more information or to enroll for coverage.

SUMMARY OF THE ACCIDENT INSURANCE POLICY BENEFITS AND LIMITATIONS

If an eligible student is injured accidentally during a covered activity, the injury requires treatment within *thirty (30)* days after the date of injury by a licensed physician. The policy will pay up to \$25,000.00 in the aggregate for specified medical benefits incurred within one year from the date of a covered injury subject to the following policy limits:

Non-Surgical Doctor Visits / Consultations: Pays up to \$45 for the first day of care and up to \$30 for each day of follow-up.

Emergency Room Charges: Pays up to \$350, (applies to injuries requiring emergency treatment within 72 hours of an accident).

Surgery Fees: Pays benefits as listed in the Florida Workers Compensation Fee Schedule (Part A 2007 edition).

Out-Patient or 'Same-Day Surgery' Hospital: Pays up to \$4,000 for the hospital/ facility charge in the aggregate when major surgery requiring general anesthesia is performed. **In-Patient Hospital Expenses:** Pays up to \$750 per day for semi-private room and all other in-hospital charges (except personal convenience items, T.V., phone, etc.). **Intensive Care:** Pays up to \$1,000 per day of confinement in Intensive Care.

Anesthesiologist Administration Fee: Benefit based on the 2007 Florida Workers Comp. Fee Schedule.

CRNA or Observation of Administration: Not Covered.

Out-Patient X-rays, CAT Scans, MRI's Maximums (including reading fees) X-Rays: \$150 for fractures, non-fracture \$75; **CAT Scans:** \$300 aggregate;

EEG/EKG's: \$200 aggregate; **MRI's:** up to \$600 in the aggregate; **Injections:** Not Covered.

Accidental Injury Dental Benefit: Pays up to \$300 per injured tooth. (Orthodontic procedures & treatment of previously damaged or decayed teeth not covered).

Out-Patient Therapy or Adjustments including any office visits: Pays \$30 per day for up to 10 days of treatment not to exceed \$300.00.

Motor Vehicle Related Injuries: Maximum Benefit for motor-vehicle related injuries is \$2,000 in the aggregate.

Maximum Dismemberment Benefit: \$10,000.00.

IMPORTANT NOTE: The Hillsborough County School Board policy is NOT 'Primary Insurance' and is not intended to replace family insurance. The district policy is designed to provide 'secondary or excess coverage'. This means the student accident policy will NOT pay any expenses that could be covered by other family insurance or an HMO or PPO. **The accident insurance policy does not guarantee 100% reimbursement for all medical expenses incurred.** The plan has limitations and exclusions. The Hillsborough County School Board does not assume responsibility for payment of medical expenses that are not covered by the Hillsborough County School Board policy or for benefits that could be received from other sources of coverage or insurance. You must file with any other insurance first, before filing for benefits under the school policy.

2016 SUMMER & OFF-SEASON CONDITIONING -This insurance will provide coverage during the 2016 summer conditioning and off-season conditioning as defined by the Florida High School Athletic Association, (FHSAA). Conditioning is defined as: '**Weight Training**' meaning the use of free weights and stationary apparatus. '**Cardiovascular Conditioning**' meaning distance and interval training. '**Plyometrics**' meaning the use of pre-set conditioning programs. '**Conditioning**' is not teaching sport specific skills and drills, and does not involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, balls or ball machines, bats, footballs, rackets, etc.) and is not covered under this policy. **No coverage is provided for summer camps, sports camps, summer leagues, summer practices, summer games, summer drills, club sports or private leagues. No coverage is provided for off-season practices, drills, open gym or scrimmages.**

HOW TO ENROLL; ENROLL ONLINE by visiting WWW.HCPSAthleticProtection.com. Or, select your coverage group by filling out the enrollment application below. Return a money order and the completed application to your school Coach or Athletic Director's office. Make your money order out to School Insurance of Florida. There are no discounts for late enrollments or refunds after the first day of tryouts or participation. Keep the top part of this form for your records. **Your policy number is 09-0132-2017.**

Group A - 2016 FHSAA High School Tackle Football and/or 2017 FHSAA Lacrosse \$50.00 - Hillsborough County School District Sponsored 2016 Tackle Football Season and the 2017 May Spring Practice sessions, as sanctioned by the FHSAA. The tackle football coverage expires after the last official 2016 game or last FHSAA sanctioned practice, whichever is first. Coverage is also provided for the lacrosse players during the 2017 FHSAA lacrosse sanctioned season and for the FHSAA sports listed in Group B and Group C. This coverage will extend for the FHSAA spring football practice sessions.

Group B - High School Interscholastic Sports: \$30.00 - Hillsborough County School District Sponsored Soccer, Volleyball, Baseball, Softball, Wrestling, Basketball while on school premises, as sanctioned by the FHSAA. Coverage is also provided for the sports listed below in Group C.

Group C - High School Interscholastic Sports: \$20.00 - Hillsborough School District Sponsored Cheerleading, Golf, Cross Country, Track, Tennis Swimming, Girls Flag Football, Marching Band, Auxiliary Units, Team Trainers / Managers, while on school premises and sanctioned by FHSAA.

Middle School Sports: \$15.00 -Hillsborough County School District Sponsored, scheduled and supervised Middle School Track/Field, Soccer, Volleyball, Basketball, Boys Flag Football and Middle School Team Trainers/Managers. Coverage ends after the last game for the sports season.

JROTC Drill Participants: \$20.00 - Provides coverage for JROTC activities that are exclusively scheduled, organized and sponsored by the SDHC and supervised by a JROTC designated instructor during the regular school term. Coverage is also provided for the sports listed above in Group C. (See back of this form for more specific information).

-----Detach Here and submit your money order to your Coach or Enroll Online!-----

2016-2017 Hillsborough County Public School Sports Insurance Enrollment Application

ENROLL ONLINE at WWW.HCPSAthleticProtection.com. Or, you may return this form and a money order to your coach before the first day of practice. Fill out this form completely. **Make your money order out to School Insurance of Florida.** Keep the top of this form for your records.

Review the coverage options above and check (✓) your plan.

- ☐ Group A 2016 High School Tackle Football/ 2017 FHSAA Lacrosse season and any sports listed in Groups B and C as outline above. **\$50.00**
- ☐ Group B High School Soccer, Volleyball, Baseball, Softball, Wrestling, Basketball and any sports listed in Group C as outlined above. **\$30.00**
- ☐ Group C High School Cheerleaders, Golf, Cross Country, Track, Swimming, Girls Flag Football, Tennis, Marching Band and Aux. Units **\$20.00**
- ☐ MIDDLE School Sports participants and middle school Team Managers or Trainers as outlined above **\$15.00**
- ☐ JROTC Participants for JROTC pre-approved activities and/or competitions as outlined under the definitions on the back of this form. **\$20.00**

PLEASE PRINT INFORMATION CLEARLY

Name of Sport:_____ **Amount Paid:\$**_____

Student First Name:_____ **Last Name:**_____
(Primer Nombre del estudiante) (Apellido)

Student Home Address:_____ **City:**_____ **State:**_____ **Zip Code:**_____

Full Name of School:_____ **Grade:**_____ **Telephone: (____) _____ - _____**

Parent/Legal Guardian Signature:_____ **Today's Date:**____/____/____

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No refunds permitted after the first day of conditioning or tryouts, practice or participation.

HILLSBOROUGH 2016-2017

2016-2017 HILLSBOROUGH COUNTY SCHOOLS SUMMARY OF INSURANCE
Underwritten by Reliance Standard Life Insurance, 1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL.
EXCESS INSURANCE

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered school sports related accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. **First medical treatment by a licensed physician or dentist for a covered accident must be obtained within thirty (30) days from the original date of the covered accident to be eligible for policy benefits.** The company will pay for covered medical charges for treatment and care rendered within **52 weeks** after the date of a covered accident.

POLICY DEFINITIONS: **"Covered Accident"** means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. **"Covered Charges"** means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified herein; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. **"Pre-Existing Condition"** means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. **"Hospital"** means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. **"Hospital"** does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. **"Accident Coverage"** applies while a covered person is in attendance at a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises, during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours; Traveling directly to and from the school and a covered interscholastic sports competition site in a school designated bus or van driven by a licensed adult driver. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. **"Effects of Other Coverage"** means the insurance coverage provided under the policy shall be **"EXCESS"** to any other collectible insurance or plans, including but not limited to auto P.L.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred. **"JROTC Coverage"** The policy provides basic insurance for SDHC JROTC registered students during JROTC activities that are exclusively scheduled, organized and sponsored by the SDHC and supervised by a JROTC designated instructor during the regular school term. If a JROTC registered student is injured during an activity that is fully or partially organized, scheduled and/or controlled by a third party other than the School District Hillsborough County, policy coverage is not in effect for that student during that activity. Injuries that occur during the regular school day classes or activities such as physical education class, shop class, lunch time or walking to or from classes are not covered by the policy.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

1. Any organized sports leagues or camps, club sports, martial arts or boxing schools that are not sanctioned by the FHSAA.
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedure and services. Treatment for injury or fracture of tooth caused either by decay, infection or the breakdown of a dental restoration.
3. Boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
4. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Pathological Stress Fractures, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.
5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation.
6. Services or treatment rendered as a part of the member school service by a hospital, physician, or person employed or retained by the member, or by a person related to the Insured by blood or marriage.
7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle; except that eligible medical expenses not collectible from other valid coverage will be payable up to \$2,000.00.
8. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.
9. The use of or while under the influence of drugs unless administered as prescribed by a physician.
10. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date. Any expense for which a benefit is not listed. Intentionally self-inflicted injury.
11. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association- sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
12. Prescription drugs, injections, miscellaneous supplies, medications, except those administered while hospital-confined or when treated in the ER.
13. Any Injury that is not a direct result of a Hillsborough school and FHSAA approved interscholastic sports practice or game during the regular school term.

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage becomes effective on the first day of summer conditioning as designated by the Hillsborough County School Board or on the first day of practice for the 2016-17 FHSAA season, as sanctioned by the Florida High School Athletic Association (FHSAA). Coverage terminates after the last official FHSAA sanctioned game (as scheduled by the FHSAA), or June 7, 2017, whichever is first. For late enrollments received after the first day of practice or conditioning, coverage becomes effective on the date the premium is paid to the coach or the insurance company. **Refunds are not permitted after the first day of try-outs, practice, or participation under this short term plan.**

HOW TO FILE A CLAIM: Immediately report any interscholastic sport related accident to the school Coach or Principal's office. Obtain the school student accident report from your school and a claim form. (Para reportar un reclamo, Comuníquese con la oficina de la escuela). Additional information and claim information can be found at WWW.HCPSAthleticProtection.com. Complete the claim form and mail with the accident report to: **School Insurance of Florida, P.O. Box 784268, Winter Garden, FL. 34778-4268.** For claim status and eligibility call 1-800-432-6915. Please remember, if you have any other sources of coverage such as an employer's policy, HMO, PPO, Blue Cross, Health Savings Plan, retired military plan, you must first file a claim with your other insurance source. **IF YOU HAVE QUESTIONS ABOUT THIS INSURANCE POLICY DO NOT CALL THE SCHOOL. Contact the agency that handles payments of claims: SCHOOL INSURANCE OF FLORIDA toll free 1-800-432-6915.** A certificate of insurance summarizes the provisions and benefits of the Policy # 09-0132-2017 (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy. Only full time students enrolled in the Hillsborough County School District are eligible to receive benefits under this policy. **FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.**
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