



BRANDYWINE SCHOOL DISTRICT

1311 Brandywine Boulevard
Wilmington, DE 19809-2306

(302) 793-5000
www.brandywineschools.org

LINCOLN HOHLER
Superintendent

JOHN A. SKROBOT, III
President, Board of Education

KRISTIN PIDGEON
Vice President, Board of Education

MEMORANDUM

**TO: Parents and Guardians of Students Participating
in Middle School and Senior High Interscholastic Sports**

FROM: Jason Hale, Chief Financial Officer

DATE: September 3, 2020

SUBJ: INTERSCHOLASTIC SPORTS INSURANCE

Limited coverage is provided for Accident Medical Expense Benefits while participating in Middle and Senior High Interscholastic games, practice sessions or while traveling under school supervision to and from such scheduled games or practice sessions. The sports coverage is not limited to Senior High Football, but covers all interscholastic sports, including any band or cheerleading competitions. This coverage is provided under a plan underwritten by L&W Insurance. The Delaware Secondary School Athletic Association carries a separate Catastrophe Plan. **Also, if your primary health insurance is with an HMO or PPO, you must use those facilities in order for the sports insurance to provide the excess coverage.**

The School District pays the premium for this insurance. In order to avoid costly and needless duplication of coverage, the Sports coverage is in ***excess over any other insurance or health plan you may carry***. Claims must be submitted to both your primary carrier (such as an HMO or Blue Cross) and to the Sports Insurance carrier. Therefore, you must first make your claim against your own health insurance coverage. The policy **will not cover** expenses payable under the insured's HMO (Health Maintenance Organization), or PPO (Preferred Provider Organization). If your primary carrier does not cover the expenses in full, the Sports Insurance will pay for any additional eligible expenses that are within their "Reasonable & Necessary" fee schedule. You are responsible for expenses or losses that exceed the coverage provided by your insurance, the basic All Sports policy and the Catastrophe policies. There is a **90-day time limit for reporting a claim**, so it is important that the claim be reported regardless of whether you have received any correspondence from the primary carrier regarding the portion they will pay. **Not reporting a claim in this 90-day period will void coverage under the accident plan.** If your primary carrier does not cover the expenses in full, the Sports Accident Insurance will pay eligible expenses within the "Usual and Customary" expense of their benefit schedule.

This coverage applies to all Junior and Senior High School Interscholastic Sports, intramural sports, and non-sport extracurricular activities, such as class trips.

HOW TO FILE YOUR ACCIDENT CLAIM:

Notification of any injury must be made to school personnel within 10 days of the injury.

Claim forms can be found on Line at <https://agadministrators.com/delk12>.

After your primary insurance has paid the medical expenses up to the policy limits, **submit itemized bills** (CMS-1500 from physicians and UB-04 from hospitals) and copies of the Explanation of Benefits from your primary insurance company as you receive them. Please write the claimant's name, policy number, and date of accident on all bills and Explanations of Benefits. Please keep a copy of the claim form, all bills, and primary insurance Explanation of Benefits for your own records.

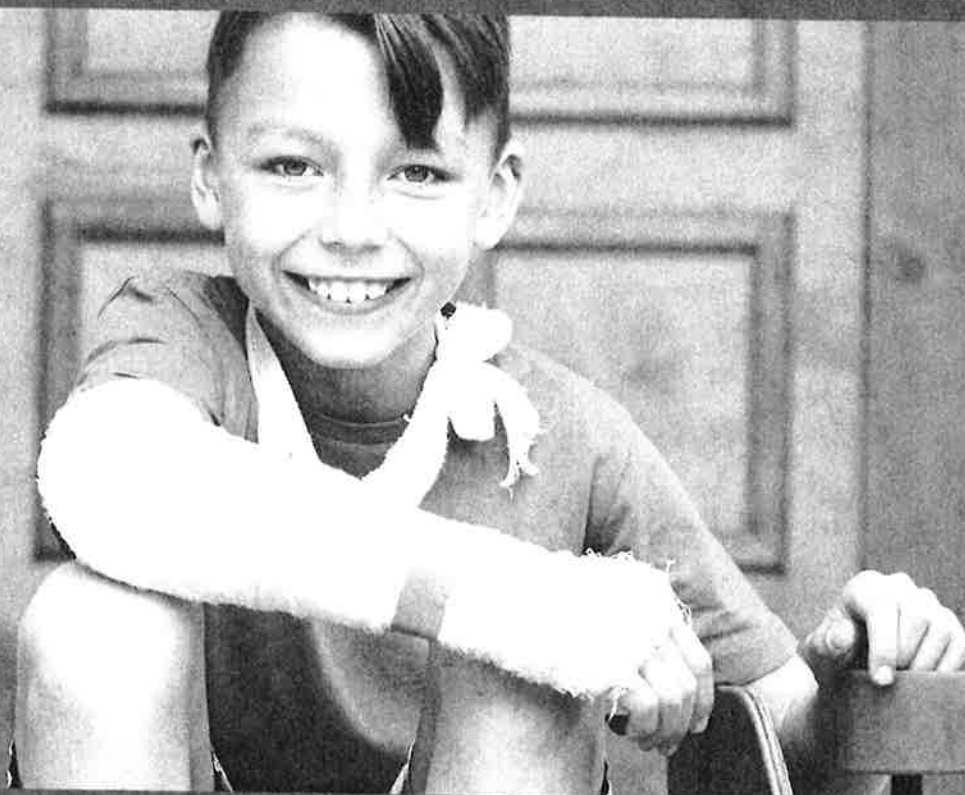
Send completed claim forms to: **Tara Shockley, L&W Insurance, P.O. Box 918, Dover, DE 19903**. The claim form can also be faxed to 302.674.2909 or by email to tshockley@lwinsurance.com

Additional coverage for intramural sports and other activities is offered through the Voluntary Student Accident Insurance Plan if you wish to purchase it.

PC: Principals
Building Secretaries
School Nurses
Athletic Directors



K-12 Voluntary Student and Athletic Accident Insurance



AVAILABLE COVERAGE OPTIONS

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- School Time Only Student Accident Insurance
- 24-Hour Accident Coverage
- Student Dental Accident Insurance

KIDS WILL BE KIDS!

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step-by-step instructions and you're done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at agadministrators.com/delk12

Plans are Underwritten by
United States Fire Insurance Company

FAIRMONT SPECIALTY

A member of the Crum & Forster Enterprise





Student Accident Claim Form



L & W Insurance
Attn: Tara Shockley
PO Box 918
Dover, DE 19903
FAX: 302-674-2909
EMAIL: tshockley@lwinsurance.com

Please complete and submit to L&W Insurance with itemized medical bills and primary insurance explanation of benefits.
For questions, please contact Tara Shockley.

Policyholder (School) _____

Student's Name _____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth _____ Sex M F SOCIAL SECURITY # _____

Cell Phone _____ Email Address _____

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School Address _____
STREET CITY STATE ZIP

Home Address _____
STREET CITY STATE ZIP

ACCIDENT INFORMATION

Activity _____ Accident Date _____

Body Part Injured _____ Place of Accident _____

Nature of Injury — Details of What Happened _____

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes No (Attach separate sheet if necessary.)

Insurance Company Name & Address _____

Policy Number _____ ID# _____

AUTHORIZATION

AFFIDAVIT: I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

STUDENT SIGNATURE (Parent or guardian, if participant is a minor) _____ Date _____

AUTHORIZED POLICYHOLDER REP. SIGNATURE _____ Title _____ Date _____

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties. For residents of the following states, please see below: California, Colorado, District of Columbia, Florida, New York, Tennessee, Texas or Virginia.

California & Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

 **A-G ADMINISTRATORS LLC**
SPORTS INSURANCE SPECIALISTS
P.O. Box 21013 Eagan, MN 55121
Ph: (610) 933-0800 Fx: (610) 933-4122 Email: claims@agadm.com