# **MEMORANDUM**

###### **TO: Parents and Guardians of Students Participating**

 **in Middle School and Senior High Interscholastic Sports**

**FROM: Jill M. Floore, Chief Financial Officer**

**DATE: August 26, 2024**

**SUBJECT: INTERSCHOLASTIC SPORTS INSURANCE**

Limited coverage is provided for Accident Medical Expense Benefits while participating in middle and high school interscholastic games, practice sessions or while traveling under school supervision to and from such scheduled games or practice sessions. The sports coverage covers all interscholastic sports, including any band or cheerleading competitions. This coverage is provided under a plan underwritten by United States Fire Insurance Company.

Brandywine 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 primary insurance or health plan*** . Claims must be submitted to both your primary carrier 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 already paid by the insured’s primary coverage. 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.

There is **a 90-day time limit for reporting a claim**, so it is important that the claim be reported regardless of whether youhave received any correspondence from the primary carrier regarding the portion they will pay. **Not reporting a claim in this 90-day period could void coverage under the accident plan.**

**Should an injury occur:  You would present your current Health Insurance information at your doctors/hospital visit and submit any out-of-pocket expenses to the Student Accident Insurance carrier for reimbursement. You must utilize the proper medical providers in conjunction with your current Health Insurance parameters. A specific form must be completed in order to process any claims.  This form must be signed by a parent/guardian and the schools administrator after completion. This form can be accessed through the school nurse after any incident, or you can obtain the K-12 student accident/athletic injury claim form at the following:**

[Our Document Database | A-G Specialty Insurance (agspecialtyinsurance.com)](https://agspecialtyinsurance.com/search-document-library/)

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This coverage applies to all middle school and 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 7 days of the injury**. **Claim forms can be found at:** [Our Document Database | A-G Specialty Insurance (agspecialtyinsurance.com)](https://agspecialtyinsurance.com/search-document-library/)

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: **Christina Berry, 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 cberry@lwinsurance.com

Additional non-school day coverage is offered through the Voluntary Student Accident Insurance Plan if you wish to purchase it. Plan information can be found at: https://agadministrators.com/delk12

PC: Principals

 Building Secretaries

 School Nurses

 Athletic Directors