

## Student Accident Notification of Injury

PART I – SCHOOL REPORT						
<b>Name of School</b>	<b>Phone Number</b>	<b>School District</b> <i>Johnson County Board of Edu.</i>				
<b>Student Name (Last, First, Middle)</b>	<del>SSN</del>	<b>Grade</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Is Student Homeschooled?</b>	
<b>Nature of Injury - Please describe fully indicating what body part was injured – i.e. broken arm, sprained ankle, etc.</b>						
<b>Describe how accident occurred - Use a separate sheet if needed. Must be a bodily injury directly due to a covered accident</b>						
<b>Did accident occur (Yes or No)</b> While student was supervised? During sponsored activity? During programmed hours? On activity premises? While traveling directly and without interruption to or from home premises and school for regular school sessions or school sponsored and supervised activities?	<b>Date of Accident</b>	<b>Name of Activity</b>				
	<b>Time of Accident</b>	<b>Name and Title of Supervisor</b>				
	<b>Place of Accident</b>					
<b>Signature of School Officer</b>	<b>Title</b>	<b>Date</b>				
<b>Name of Father or Guardian</b>			<b>Name of Mother or Guardian</b>			
<b>Address of Parents or Guardian</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>
<b>Name / Address / Telephone of Father's or Guardian's Employer</b>			<b>Name / Address / Telephone of Mother's or Guardian's Employer</b>			
<del> </del>			<del> </del>			

PREPARER'S CONTACT INFORMATION		
<b>Preparer's Name</b>	<b>Preparer's Phone</b>	<b>Preparer's Email</b>

Email address of parent/guardian



## ATHLETICS & STUDENT ACCIDENT PROGRAM

### LIMITS AND BENEFITS

The Student Accident coverage provided by TNRMT has **no deductible** and a medical maximum benefit of **\$25,000 per accident**. Specific sublimits apply for covered expenses (**see schedule of benefits**).

All benefits are provided on a **Full Excess** basis for covered expenses. This means that covered expenses will be paid when they are *“in excess of any other plan providing medical expense benefits.”* Thus, parents must submit all bills to their primary provider first. The TNRMT policy will consider the unpaid balances for covered expenses up to the limits of the policy. A **PROOF OF LOSS**, (claim form) must be submitted within 90 days. No claim will be considered if **PROOF OF LOSS** is not submitted within 365 days after the accident.

Parents will receive a letter from (TNRMT) within seven days of the claim being submitted. This letter must be completed and returned to TNRMT within 90 days for the processing of your claim to begin.

#### BENEFITS

<b>Maximum Limit</b>	<b>Plans Purchased by School District (Full Excess)</b>	<b>\$25,000 per Accident</b>
<b>Physicians</b>		
Surgery/fracture care fees		U&C (\$6,000 Max.)
Non-surgical visits or consultations		\$125 per visit
Physical therapy		\$50 visit/Max \$1,000
<b>Hospital</b>		
In-patient room and board		Semi-private room
In-patient miscellaneous charges		\$6,000 per injury
Out-patient charges (non-surgical)		\$1,000 per injury
Out-patient charges (surgical)		\$5,000 per injury
<b>Diagnostic X-rays, MRIs, CAT Scans</b>		\$2,000 per injury
<b>Dental</b>		
Amount payable for each injured sound, natural tooth		\$1,000 per tooth
<b>Orthopedic Appliances</b>		\$1,500 per injury
<b>Ground Ambulance Service</b>		\$1,000 per injury
<b>Maximum Motor Vehicle Accident Benefit</b>		\$1,000 per injury

Benefits described are provided by Tennessee Risk Management. This is not a contract of insurance.

TNRMT contact info is as follows (please allow them time to receive our claim report and attempt to contact you):

888-743-4336 (Ask for Student Accident Team Member)

[studentaccident@tnrmt.com](mailto:studentaccident@tnrmt.com)