



2026 / 2027

## Accident Insurance Information for Parents

Dear Parents:

The school district has purchased an athletic accident insurance plan for the 2026-2027 school year. This insurance may provide benefits for middle school and high school students who participate in school sponsored athletics. This insurance plan is underwritten by an "A" rated company and is endorsed by the N.C. High School Athletic Association and the N.C. Athletic Directors Association.

***This Plan is a Limited Benefit Secondary Policy!***  
**This plan may not pay 100% of the medical bills for a school injury, or even the balance after your primary insurance pays.**

This means two things:

1. The benefit categories have maximum amounts that are paid out; and
2. This plan pays after any Primary Insurance your child may have.

Please review the partial list of benefits on the back of this letter.

**It is Important to Have and/or Purchase Additional Coverage:** Accidents may cause an individual to need extensive medical treatment which can be very costly. Therefore, it's recommended that you **purchase additional insurance**. **K&K offers additional insurance online at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)**. For as little as **\$9**, you can **double** the benefits!

### ***How to File a Claim for a School Injury:***

1. The student **MUST** see a doctor within **60 days** of the injury.
  - This visit should be filed under your Primary Insurance.
  - Request that the provider file to K&K as Secondary Insurer.
2. Obtain a claim form from the school or download at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).
  - Click "**File a Claim**" located under "Quick Services" on the left side of the screen.
  - Download and Print the "Participant Accident" claim form.

**A claim cannot be processed without a claim form!**
3. Follow the instructions on the claim form. Fill out the claim form **COMPLETELY** and **SIGN IT**. **A school official must also sign the claim form**. Send the completed claim form to the K&K Claims Department **within 90 days of the date of injury**.
  - **Email:** [KK.PAClaims@kandkinsurance.com](mailto:KK.PAClaims@kandkinsurance.com)
  - **Fax:** 312.381.9077
4. Request the Itemized Forms (Forms UB04, UB92, or CMS 1500) with CPT/Diagnostic Codes from each provider. CPT codes are required for processing. Submit the itemized forms to K&K.
5. When you receive the Explanation of Benefits (EOB's) from your Primary Insurance, forward the EOB(s) to K&K.
6. **Be sure to keep a copy of all paperwork for your records! Claims Dept. Phone: 800-237-2917**

**Filing a claim after an injury is YOUR responsibility. Do not assume that the health care provider or a school official will do this for you. Under HIPAA privacy laws, the school nor insurance agent can obtain claim information from an insurance company or health care provider without your written permission.**

We are happy to be selected as your insurance agent for the 2026-2027 school year and will do all that we can to be sure that you receive the best possible service. If, at any point, you have a question or need additional information, just call us toll-free 1.800.476.4339. We will be happy to assist you.

Sincerely,

*Gail Gray      Dan Nunnery      Jessica Mishoe*