

Student's Name (Please Print Legibly)

Sport(s)/Activity

I hereby acknowledge that I have received the 2009-2010 Schedule of Benefits of the group Interscholastic Activities insurance policy provided by Cypress-Fairbanks I.S.D. I have been informed and understand that the **\$500.00 per injury deductible** applicable to the District's group Interscholastic Activities Insurance policy and any charges exceeding the policies' maximum benefit limits are my responsibility, and the policy is to be used as secondary coverage to any other insurance I may have.

I further understand it is solely my responsibility to file all medical claims against this policy.

Parent/Guardian Signature

Date

**Acknowledgment of Receipt of Information Only  
Group Interscholastic Activities Accident Insurance**  
*Tear off Acknowledgment form and return it to your activity sponsor*

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## **CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT**

### **GROUP STUDENT ACCIDENT INSURANCE FOR INTERSCHOLASTIC ACTIVITIES Grades 7-12 Benefit Review 2009-2010**

Cypress-Fairbanks Independent School District, and its employees will not be held responsible for any medical expense incurred by students as a result of their participation in a school sponsored sports, club or UIL activity other than stated below.

The District has obtained a group insurance policy that provides coverage for accidental injuries. The policy has a \$25,000.00 per injury annual maximum medical limit and a **per injury deductible of \$500.00**. **The policy has financial limitations for payable benefits dependent on the particular covered medical service received. Please see the reverse side for a brief review of the benefits schedule and note the maximum limitations.** Students are covered by this policy for injuries that occur while practicing for, participating in, or traveling in a school-furnished vehicle, to or from the interscholastic approved activity for which coverage is purchased. Coverage is provided for all Junior and Senior High (7-12 grade) interscholastic sports, including football, basketball, cheerleading, band, and school sponsored and supervised non-sports UIL extracurricular activities. The student must be a member of the school-sponsored interscholastic activity being covered and under the direct supervision of a full-time school appointed official. **The \$500.00 per injury deductible applicable to this policy and any charges incurred that exceed the policy maximum limits are the responsibility of the student's parents.** (See Special Note below.)

Coverage under this policy is effective August 1, 2009 through July 31, 2010.

This policy is to be used **as excess coverage**, with any medical and/or dental insurance (including any Preferred Provider Organization or Health Maintenance Organization) that the family of the insured has available being the primary coverage to insure comprehensive coverage, subject to the policy limitations and deductibles. However, if the family does not have its own, this policy can be used as the primary coverage. **In either case, all deductibles and medical charges above the policy limitations are the responsibility of the student's parents.**

Each fall the District makes available a Group Voluntary Student Accident Insurance Policy for parents to consider. Coverage may be purchased under the voluntary plan for either "At-School", "24-Hour", and "Football" coverage. Plan and enrollment information for the Group Voluntary Student Accident Insurance can be obtained from the district's web site at [www.cfid.net](http://www.cfid.net) at "Campus Info".

#### **SPECIAL NOTE:**

**The voluntary policy may be purchased for "At-School" or "24-Hour" coverage and can be used to pay up to the \$500 deductible applicable for each injury, EXCEPT SENIOR HIGH VARSITY FOOTBALL INJURIES, covered under the group Interscholastic Activities Coverage policy purchased by the district. (Two separate claim forms must be submitted, if a claim is being filed on both the Voluntary and Interscholastic Activities policies.)**

#### **SENIOR HIGH SCHOOL VARSITY FOOTBALL**

**The Voluntary policy may be purchased for "FOOTBALL" coverage and can be used to pay up to the \$500 deductible applicable for each injury. (Two separate forms must be submitted if a claim is being filed on both the Voluntary and Interscholastic Activities policies.)**

**Catastrophic Accident Coverage (Grades 7-12):** The District also carries a Catastrophic Policy with a \$5,000,000.00 maximum benefit per injury limitation. This policy will cover all interscholastic sports, including but not limited to football. This policy also covers cheerleading.

**Interscholastic Activities (UIL) Policy Requirements:** Medical treatment must begin within ninety (90) days of the injury.

**Claim Forms:** Claim Forms are available from all secondary school Athletic Departments. All initial claim forms must bear a statement by the supervision coach, trainer, or sponsor documenting the facts of the injury.

*(See reverse side for Benefits Review)*

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Underwritten by



COLUMBIAN LIFE INSURANCE COMPANY HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST P.O. Box 1381 - Binghamton, NY 13902-1381

Plan Administrator Student Assurance Services, Inc. PO Box 196 Stillwater MN 55082-0196 10800-328-2739 www.sas-mn.com

2009-2010 GROUP INTERSCHOLASTIC ACTIVITIES SCHEDULE OF BENEFITS - Grades 7-12

Maximum Benefit ..... \$25,000.00 per Injury, subject to the Benefit Limits listed below
Persons Covered: All Junior and Senior High Interscholastic sports, including football, band, cheerleaders, and non-sport UIL extracurricular activities.
Deductible ..... \$500.00 per Injury
Policy Term ..... August 1, 2009 - July 31, 2010
Coverage Period per Injury ..... 52 Weeks from date of injury

A. IN-PATIENT BENEFITS

- 1. Hospital Room and Board ..... Semi-private Room Charge
2. Intensive Care (in lieu of Hospital Room and Board) ..... 1.5 X Semi-private Room Charge
3. Hospital Miscellaneous Services (All Charges except Room & Board) ..... U&C, maximum \$10,000
4. Physician's Non-Surgical Visits (other than Physical Therapy) ..... U&C Charges
5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... Included in Hospital Misc. Benefit
6. X-ray and Radiology Services ..... Included in Hospital Misc. Benefit
7. Registered Nurse ..... U&C charges

B. OUT-PATIENT SURGERY BENEFITS

- 1. Day Surgery (Facility Charge) ..... U&C, up to \$3,500 per Injury
Room supplies and all other expenses for out-patient surgery ..... U&C, up to \$3,500 per Injury

C. OTHER OUT-PATIENT BENEFITS

- 1. Hospital Emergency Room Charges ..... U&C, up to \$350 per Injury
2. X-ray and Radiology Services ..... U&C, up to \$300 per Injury
3. CAT Scans, MRI and Bone Scans ..... U&C, up to \$1,200 per Injury
4. Physician's Non-Surgical Visits ..... U&C, up to 5 visits
5. Orthopedic Appliances (when prescribed by a physician for healing) ..... \$500
6. Shots and Injections (within 24 hours of an injury) ..... U&C
7. Prescription Drugs ..... U&C
8. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... \$50 per visit, maximum 20 visits
9. Ambulance Service (Air or Ground) ..... up to \$1,000 per Injury
10. Eyeglass Replacement (if medical treatment is received for a covered injury) ..... U&C
11. Durable Medical Equipment (Post-Surgical Only) ..... up to \$150 per Injury

D. OTHER PHYSICIAN SERVICES

- 1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) ..... U&C, up to \$2,000 per Injury
2. Physician's Surgical Care (In-Patient or Out-patient; includes pre-operative & post-operative care for fractures, dislocations, or repair of lacerations) ..... U&C, up to \$5,000 per Injury
3. Assistant Surgeon Charges (In-Patient or Out-patient) ..... 25% of Surgery Allowance
4. Anesthetist Charges (In-Patient or Out-patient) ..... 25% of Surgery Allowance

E. MOTOR VEHICLE INJURY

..... Same as any Injury, up to \$5,000

F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other injury.

G. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life ..... \$ 2,000 Double Dismemberment ..... \$10,000
Loss of an Eye ..... \$ 2,000 Single Dismemberment ..... \$ 2,000

Usual and Customary Charges (U&C) for Covered Services are determined by referencing the 75th percentile for the most current survey published by "Ingenix" for such Covered Services.

When this insurance is excess and another medical plan providing medical benefits to an insured is an HMO or PPO plan, and the insured does not use the facilities or services of the HMO or PPO plan or does not obtain the required preauthorization for alternative care, this policy will only pay benefits for expenses incurred in excess of those expenses that would have been paid by the HMO or PPO plan, had the insured used the HMO or PPO provider.

This review of benefits is not a contract of insurance. The Master Policy 9F140-CL(Rev.)TX is on file with Cypress-Fairbanks I.S.D.'s Insurance Department.