



TOWNSHIP OF OCEAN SCHOOL DISTRICT

INTERSCHOLASTIC SPORTS AND STUDENT ACCIDENT INSURANCE 2017-2018

Dear Parents and Students:

The Township of Ocean Board of Education has purchased insurance coverage to protect all students in the district against accidental injury during school time, or while participating in school sponsored and supervised activities, including participation in interscholastic athletics. This insurance plan is written on a Full Excess basis. With Full Excess, all bills must be submitted to your own insurance first, and the school policy will pick up the unpaid balances, including deductibles and co-insurance amounts, **up to the limit of the policy.**

Although this coverage is very broad, there are restrictions, limitations and exclusions in this policy. In many situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the Board of Educations. Some of the important benefits and limitations of the plan are:

1. Maximum Base Medical Benefit is \$25,000 and excess Medical Benefits (catastrophic) of \$5,000,000 for all students.
2. Treatment must commence with 90 days of the date of injury, or there is no coverage.
3. Benefits are payable for up to 3 years from the date of injury.

All injuries must be immediately reported to the school nurse, coach, and/or faculty advisor. Claim forms will be provided by the school, but it is the parents' responsibility to:

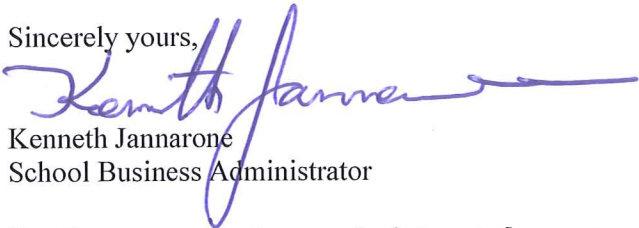
1. Submit the claim form filled out completely (any omissions will delay the processing of the claim).
2. Submit all itemized bills (monthly statements will not do).
3. Submit the statement received from your own insurance company showing amounts paid and balances due or a letter of denial stating that the claim is not covered. One of these letters, commonly known as an Explanation of Benefits or EOBs, will be required for any payments to be made.
4. If you have no other medical insurance, you will receive a letter from our insurance company requesting employer information. Fill this out and return it to the insurance company immediately and the claim will be processed. Failure to return that letter will result in a delay or denial of the claim.

It is your responsibility and is to your benefit to submit the necessary papers as soon as possible, as the claim cannot be paid until all papers are submitted. Only one claim form per accident is required. All claim forms, bills and letters from other insurance companies and questions regarding the coverage should be forwarded to:

Bob McCloskey Insurance
Post Office Box 511
Matawan, NJ 07747

Telephone # 1-800-445-3126
Fax # 732-583-9610

Sincerely yours,


Kenneth Jannarone
School Business Administrator

For those parents who may be interested, you may obtain optional low cost Round-the-Clock Student Accident Insurance Coverage. Please contact the above agency for more details regarding this coverage.