



STUDENT / PARENT / GUARDIAN
ATHLETIC INSURANCE NOTIFICATION
REPLY REQUESTED

Dear Parent/Guardian:

In preparation for the upcoming athletic season, we want to provide you with information about the accident medical insurance Rockhurst carries for your son/daughter participating in our intercollegiate athletic program. Rockhurst purchases an excess basic accident insurance policy through Mutual of Omaha. The policy covers medical expenses arising from athletic injuries up to a \$75,000 limit and excess of any other available accident/health insurance (such as through your insurer). The NCAA also provides a “catastrophic” medical policy, also excess of other insurance, with much higher limits in the event of serious injury. This coverage is paid for by the institution. In order for it to remain affordable **we require all student-athletes to maintain a primary insurance to participate.** The accident medical insurance we carry applies only to covered athletic injuries and is not a replacement for primary accident/health insurance.

All student-athletes, student-athletics trainers, student-managers and student-coaches must provide Rockhurst with a copy of the front and back of the primary insurance card showing the policy in force. **If at any time this coverage expires or the provider changes during the school year, the athletic department must be notified.** Our athletic trainers and coaches will carry all insurance information with them when teams and athletes travel and will provide this information while traveling.

Our policy carries a **deductible of \$5,000.** This deductible will be reduced as payments are made by the primary insurance company. When the primary insurance company payments equal or exceed the deductible, the excess policy deductible is satisfied. If any portion of the deductible is not satisfied by the primary insurance company, this amount will **be the responsibility of the student-athlete and/or parent/ guardian.** Additionally, our policy has certain limits and may not pay all charges in full.

Please note most primary insurance plans offered through employers have requirements for dependents over the age of 18, and it is important to comply with such requirements in order for coverage to continue to apply to your son/daughter. One requirement may be to provide a course schedule proving that your student-athlete is a full-time student. If you are a member of an HMO or PPO, we recommend that you contact them and make sure you understand their policies with regard to dependent students who are going to school in an “out of the network” area. In some cases, the insurance company will set up a “guest membership” for dependents in the area of temporary residence. If this is the case, you should attempt to have this set up for your student-athlete prior to their leaving for school.

Please sign and return the attached form along with the requested information.



ROCKHURST
A Jesuit University

SECONDARY POLICY INFORMATION FOR STUDENT-ATHLETES

I have received and understood the attached “Student/Parent/Guardian Insurance Notification.” I understand that I bear responsibility for the deductible and any balances not covered by ROCKHURST UNIVERSITY’S accident medical policy for any expenses related to athletic injuries. I further understand that this policy is excess over any other insurance that may apply to such injuries. I agree that if I have primary accident/health insurance plan, I will provide ROCKHURST UNIVERSITY with evidence of coverage and will notify the athletic department of any material changes in coverage during the academic year.

- The student-athlete has primary insurance and evidence of coverage (a front and back copy of the insurance card(s) is acceptable) is attached.

Printed name of Student Athlete

Printed name of Parent / Guardian

Signature of Student Athlete

Signature of Parent / Guardian

Student ID #

Date