



CENTRAL WASHINGTON UNIVERSITY

**WILDCATS**

## **Wildcat Athletic Training**

### **INSURANCE NOTIFICATION** **REPLY REQUESTED**

Dear Parent/Guardian:

Welcome Wildcats!

In preparation for the upcoming athletic season, we want to provide you with information about the accident medical insurance our institution carries for your student-athlete. The institution purchases an excess basic accident insurance policy through Mutual of Omaha. The policy covers medical expenses arising from athletic injuries from \$5,000 up to \$75,000 policy exclusions and limitations apply. The NCAA also provides a “catastrophic” medical policy with much higher limits in the event of serious injury. The accident medical insurance we carry and the NCAA catastrophic applies only to injuries suffered while participating in required supervised athletic activities and these policies we have are not a replacement for primary health insurance. This coverage is paid for by the institution and in order for it to remain affordable we require all student-athletes to maintain a primary insurance to participate.

All student-athletes must provide the school with either a card showing the policy in force or a front and back copy of the card to be kept on file by the institution. **If at any time this coverage expires during the school year, the athletic department must be notified.** We know employment situations can change, and we need to know what coverage is in place in order to provide the best care to student-athletes and help manage the claims process efficiently. Our 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**. It is our intention that this deductible will be met by the primary insurance company. Once the primary insurance company has made payments equal to or greater than \$5,000, our secondary policy deductible will be 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.*** Also, our policy does have certain limits and guidelines that may not pay all charges in full. This is why it is important to work with the CWU Athletic Training staff when an injury occurs

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 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 out of the network area. In some cases, the company will set up a “guest membership” for dependents in the area of temporary residence. If

**Wildcat Athletic Training Room**

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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

### **SECONDARY POLICY INFORMATION FOR STUDENT-ATHLETES**

I have received and understand the attached "Student/Parent/Guardian Insurance Notification." I understand that I accept responsibility for the deductible and any balances not covered by Central Washington University accident medical policy or the NCAA 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 I will carry a primary accident/health insurance plan, I will provide Central Washington University with evidence of coverage and will notify the athletic department of any material changes in coverage during the academic year.

\_\_\_\_\_  
Printed name of Student Athlete

\_\_\_\_\_  
Printed name of Parent / Guardian  
(If participant is under 18 years old)

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Printed name of Parent / Guardian

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date