

**STUDENT / PARENT / GUARDIAN**  
**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 our institution carries for your student-athlete. The institution purchases an excess basic accident insurance policy through Mutual of Omaha. This 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. While your student-athlete is not required to carry primary accident/health insurance in order to participate in athletics at our institution, we encourage him/her to do so. 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 trainers, student coaches, student managers, and cheerleaders carrying primary insurance 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 should 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 **\$10,000**. This deductible will be reduced as payments are made by the primary insurance company. Once the primary insurance company has made payments equal to or greater than our deductible, our excess policy deductible will be satisfied. Also, our policy does have 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 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 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 understood the attached “Student/Parent/Guardian Insurance Notification.” I understand that I bear responsibility for the deductible and any balances not covered by Oklahoma Panhandle State 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 [Oklahoma Panhandle State University](#) with evidence of coverage and will notify the athletic department of any material changes in coverage during the academic year.

- Please check here if student-athlete has primary insurance and attach evidence of coverage (a front and back copy of the insurance card(s) is acceptable).
  
- Please check here if student-athlete does not have primary insurance.

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

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

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

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

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

\_\_\_\_\_  
Date

