MANDATORY STUDENT INSURANCE/ATHLETIC PARTICIPATION FEE
INFORMATION FOR PARENTS 2010-2011

Students who participate in interscholastic athletics, cheerleading and/or marching band, are required to purchase student accident insurance provided through the school district before they are allowed to participate. One of the major costs of athletic participation is insurance coverage. The School District of Manatee County has chosen Markel Insurance Company to provide these insurance products.

If you have a son/daughter that participates in interscholastic athletics, cheerleading and/or marching band, it will be necessary for you to contact the athletic director, cheerleading coach or marching band director at his/her school to get information on how to sign up for this coverage.

This accident insurance is a supplemental or excess plan and is not meant to pay 100% of the bills. The maximum benefit is $25,000 for any one accident, which is in excess of the amount from other collectable insurance or health plans you may have.

How to file a claim for an athletic injury:

1. **The student MUST see a doctor within 90 days of the date of injury**
2. **Obtain a claim form from the school. The school will provide you with a summary report to be attached to the claim form. The claim cannot be processed without a claim form.**
3. **Fill in the rest of the information on the claim form and SIGN IT. Send the claim form and itemized bills to the claims address on the claim form. Send the form within 90 days of the injury. If you have other applicable insurance, you must also file with that company. When you receive Explanations of Benefits (EOB's) from them showing what has been paid, forward these to the school insurance company. KEEP A COPY OF ALL PAPERWORK FOR YOUR RECORDS.**
4. **Filing a claim after an injury is YOUR responsibility. Under HIPPA privacy laws, the agent and/or the School Board cannot obtain claims information from an insurance company without your written permission.**

Send 2010-2011 claims to:	**CUSTOMER & CLAIMS SERVICE:**
MCA Administrators, Inc. **P.O. Box 6540** **Harrisburg, PA 17112** **Toll Free Number – 800-427-9308** **Fax – 717-652-8328**	**MCA Administrators, Inc.** **Phone – 877-249-7868**

PARENT/LEGAL GUARDIAN COMPLETE BELOW

ATHLETIC FEE *for* _____, Student
(Print Student's Name)

☐ $55 Football Athletic Fee ☐ $20 Spring Football ONLY

☐ $45 All Other Sports, including Cheerleaders, Athletic Fee

☐ $25 Marching Band & Dance Team Athletic Fee

I have paid the athletic fee described above and have received information regarding coverages and benefits provided under the athletic student accident insurance policy including information on filing a claim.

Make check payable to your school.

_____ _____
Signature of Parent or Legal Guardian *Date*

Payment Received by: *Date Received:*
Signature of School Employee Collecting Payment