

**MANDATORY STUDENT INSURANCE/ATHLETIC PARTICIPATION FEE  
INFORMATION FOR HIGH SCHOOL PARENTS 2014-2015**

Students, who participate in interscholastic athletics, including cheerleading/dance team and marching band, are required to purchase student athlete 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 School Insurance of Florida 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 deductible for this plan is \$50.00 with a 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. Benefits and exclusions are available on line at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) or you may call 800-432-6915.

**How to file a claim for an athletic injury:**

1. The student **MUST** report the injury to the coach immediately and **MUST** see a doctor within 90 days of the date of injury.
2. Obtain a claim form from the school or go on line at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). 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. You may contact the insurance company directly at 800-432-6915 for assistance.
3. Fill in the requested information on the claim form and **SIGN IT**. Do **NOT** leave the form at the doctor's office. Send the claim form and itemized bills to the claims address on the claim form. It is not necessary to wait until treatment is complete to send the claim; however, the form must be received 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**. Do not hesitate to contact the insurance company for any questions - student insurance is their only business and they have staff to assist you.
4. Filing a claim after an injury is **YOUR** responsibility. Under HIPPA privacy laws, the agent and/or an employee of the School Board cannot file the claim for you nor can they obtain claims information from an insurance company without your written permission.

<p>Send 2014-2015 claims to:</p> <p><b>SCHOOL INSURANCE OF FLORIDA</b>  P.O. Box 784268  Winter Garden, Florida 34478-4268  Fax – 407-798-0296</p>	<p>Customer and Claims Service:</p> <p><b>SCHOOL INSURANCE OF FLORIDA</b>  Toll Free Number – 800-432-6915</p>
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**PARENT/LEGAL GUARDIAN COMPLETE BELOW**

ATHLETIC FEE for \_\_\_\_\_, Student  
(Print Student's Name)

- € \$75 Football Athletic Fee\* (Payable by check or cash directly to your school.)
  - € \$50 All Other Sports Athletic Fee\* (Payable by check or cash directly to your school.)
- \*This fee is a Try Out/Participation fee and includes unlimited tryouts, participation in open facilities and strength training. If the student makes the team, it will cover the insurance also.

JROTC is a separate activity and enrollment is On Line Only: [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com)  
24-Hour Coverage is also available – enrollment information is available on line at the same website.

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.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Payment received by:*

\_\_\_\_\_  
*Date Received:*

\_\_\_\_\_  
*Signature of School Employee Collecting Payment*