

2009-2010

Dear Parent and Student-Athlete:

The information below should be reviewed by participants and the parents of participants to ensure that there is a complete understanding of the athletic insurance coverage at Lock Haven University.

All student-athletes must have insurance coverage before they can practice for, participate in, or travel as a member of an intercollegiate athletic team. A school insurance plan, Student Accident and Sickness Policy, is available to satisfy this need; the cost of the plan is \$740 for 12 months of coverage. But, the University will accept comparable policies that provide the necessary coverage and which become the athlete's primary carrier: parent's employer plan, Blue Cross/Blue Shield, personal insurance, etc.

The Athletic Department has casualty insurance on athletes which pays medical expenses for athletic injuries in excess of those covered by their primary carrier and only after the primary carrier has paid to its fullest extent. **At the point the Athletic Department's policy becomes effective, there is a \$1,000 deductible applied.**

PLEASE NOTE: For athletes with the University's Student Accident and Sickness Policy, the \$1,000 deductible is automatically satisfied. For athletes with their own insurance (Blue Cross/Blue Shield or parent's employer plan) the \$1,000 deductible is the responsibility of the athlete or his/her family.

THE ONLY WAY TO AVOID RESPONSIBILITY FOR ANY DEDUCTIBLE IS TO PURCHASE THE STUDENT ACCIDENT AND SICKNESS POLICY.

Because the \$1,000 deductible is a substantial expense, the Athletic Department recommends purchase of the Student Accident and Sickness Policy by participants in LHU athletics.

HMO ENROLLEES NOTE: Because of the pre-approval restrictions of some HMO programs, families of athletes with HMO coverage may wish to purchase the University's Student Accident and Sickness Policy in order to avoid undue delay if treatment is necessary.

Please complete and return the attached affidavit. Retain this letter for your records. The affidavit must be presented to the head coach before the student-athlete can practice for an intercollegiate team. Thank you for your cooperation.

Sincerely,
Sharon E. Taylor
Director of Athletics

AFFIDAVIT

SPORT _____

In compliance with the athletic policy of Lock Haven University as explained by the attached letter, I, _____
Parent or Guardian (if student-athlete is under 18 years of age)

will accept the responsibility of providing coverage for medical expenses incurred by
_____ while participating in the athletic
Student-Athlete

program at Lock Haven University.

() A. The University's Student Accident & Sickness Program. (Forms mailed in summer or available from Athletic Department's Office.)

() B. Other - _____
Name of Insurance Company

Policy Number

Place of Employment and Phone Number

I understand that if I choose coverage other than the University's Student Accident and Sickness Program ("A" above), I may be liable for \$1,000 in medical expenses after my insurance company has paid expenses to its fullest extent.

Signature of Financially Responsible Person

Date