Tennessee Secondary School Athletic Association Catastrophic Insurance Overview

2023-2024 School Year

Catastrophic Insurance 2023-2024 School Year

For students and/or student athletes participating in all TSSAA sanctioned activities including approved travel to and from.

Policyholder: Tennessee Secondary School Athletic Association

Carrier: National Union Fire Insurance Company

Limits:

Medical Limit	$500,000 (per claim)
Deductible	$25,000*

- Integrated deductible
- Excess coverage over any other accident/medical insurance
- Pays out of pocket expenses on primary medical insurance

When Are Athletes Covered?

- Practicing and participating in a TSSAA sanctioned sport during the time that conforms with the rules, regulations and season outlined in the TSSAA Sports Calendar
- Summer Practice- Must be a school team practicing as a unit during the time specified in the TSSAA Sports Calendar with a school coach in charge
- Preseason scrimmages
- Weightlifting and conditioning is only covered during the season when teams are allowed to practice
- Team travel directly to and from an athletic practice and/or contest with a school coach in charge. Independent travel is not covered i.e. Athletes driving their own vehicles.

When Are Athletes NOT Covered?

- Open facilities
- Weight training & conditioning- at no time in the off-season is anyone covered
- Summer Camps- TSSAA Catastrophic Insurance does not cover team camps. The camp may be able to provide the coverage for the participants attending team camps or schools have the option to purchase the individual school coverage that would cover camps
- Student-athletes are not covered under the supervision of non-approved coaches or a coach that has not met TSSAA coaching requirements

Reporting An Incident

1. The following information should be emailed to sports@loomislapann.com on the school letterhead or a school incident report form:

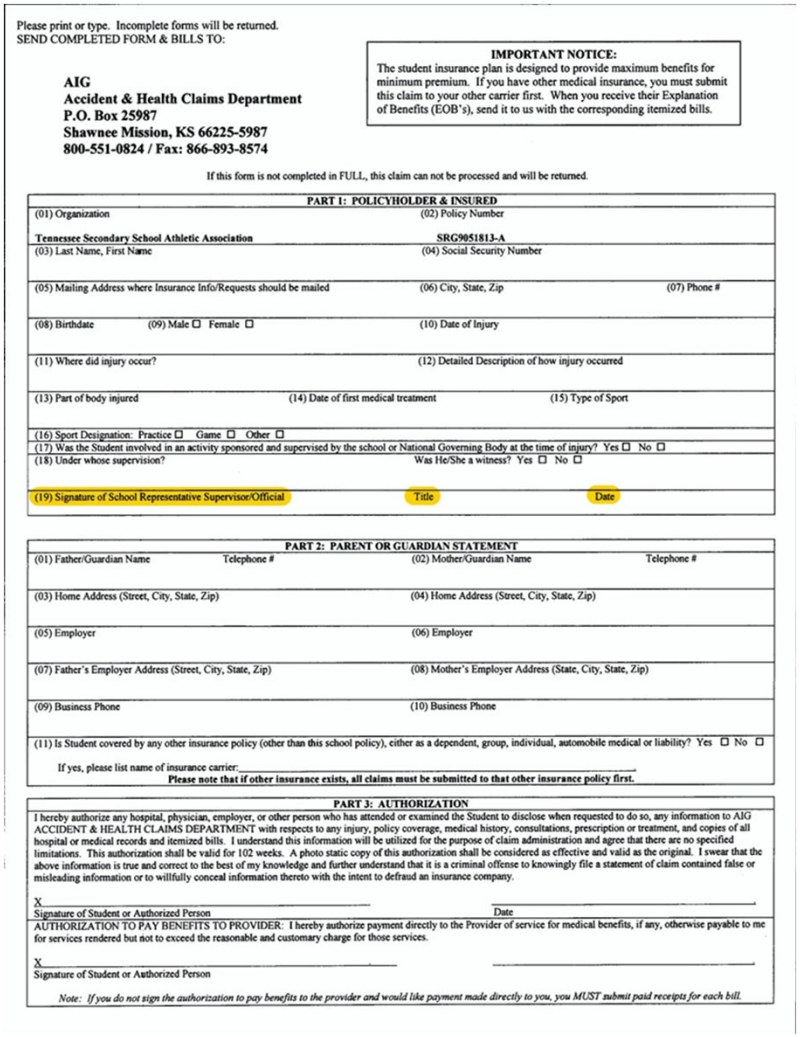
- Name of injured party
- Name, address, email and phone number of injured party's parents/guardian
- Date of accident or injury
- Brief overview of what took place

2. Keep a copy to verify that you have reported the incident

3. Loomis & LaPann will send a claim form and claim filing instructions to the injured party's parent/guardian. The claim form **MUST** be signed by the Coach/AD at the school to verify the incident. Once the claim form is signed, it will be the responsibility of the parent/guardian to file their claim.

Sample Claim Form

The claim form MUST be signed here by the Coach/AD/School Administrator to verify the incident



Please print or type. Incomplete forms will be returned.
SEND COMPLETED FORM & BILLS TO:

AIG
Accident & Health Claims Department
P.O. Box 25987
Shawnee Mission, KS 66225-5987
800-551-0824 / Fax: 866-893-8574

IMPORTANT NOTICE:
The student insurance plan is designed to provide maximum benefits for minimum premium. If you have other medical insurance, you must submit this claim to your other carrier first. When you receive their Explanation of Benefits (EOB's), send it to us with the corresponding itemized bills.

If this form is not completed in FULL, this claim can not be processed and will be returned.

PART 1: POLICYHOLDER & INSURED

(01) Organization — (02) Policy Number
Tennessee Secondary School Athletic Association — SRG9051813-A
(03) Last Name, First Name — (04) Social Security Number
(05) Mailing Address where Insurance Info/Requests should be mailed — (06) City, State, Zip — (07) Phone #
(08) Birthdate — (09) Male ☐ Female ☐ — (10) Date of Injury
(11) Where did injury occur? — (12) Detailed Description of how injury occurred
(13) Part of body injured — (14) Date of first medical treatment — (15) Type of Sport
(16) Sport Designation: Practice ☐ Game ☐ Other ☐
(17) Was the Student involved in an activity sponsored and supervised by the school or National Governing Body at the time of injury? Yes ☐ No ☐
(18) Under whose supervision? — Was He/She a witness? Yes ☐ No ☐
(19) Signature of School Representative Supervisor/Official — Title — Date

PART 2: PARENT OR GUARDIAN STATEMENT

(01) Father/Guardian Name — Telephone # — (02) Mother/Guardian Name — Telephone #
(03) Home Address (Street, City, State, Zip) — (04) Home Address (Street, City, State, Zip)
(05) Employer — (06) Employer
(07) Father's Employer Address (Street, City, State, Zip) — (08) Mother's Employer Address (State, City, State, Zip)
(09) Business Phone — (10) Business Phone
(11) Is Student covered by any other insurance policy (other than this school policy), either as a dependent, group, individual, automobile medical or liability? Yes ☐ No ☐
If yes, please list name of insurance carrier:_____
Please note that if other insurance exists, all claims must be submitted to that other insurance policy first.

PART 3: AUTHORIZATION

I hereby authorize any hospital, physician, employer, or other person who has attended or examined the Student to disclose when requested to do so, any information to AIG ACCIDENT & HEALTH CLAIMS DEPARTMENT with respects to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills. I understand this information will be utilized for the purpose of claim administration and agree that there are no specified limitations. This authorization shall be valid for 102 weeks. A photo static copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge and further understand that it is a criminal offense to knowingly file a statement of claim contained false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X_____ _____
Signature of Student or Authorized Person — Date

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I hereby authorize payment directly to the Provider of service for medical benefits, if any, otherwise payable to me for services rendered but not to exceed the reasonable and customary charge for those services.

X_____ _____
Signature of Student or Authorized Person

Note: If you do not sign the authorization to pay benefits to the provider and would like payment made directly to you, you MUST submit paid receipts for each bill.

Sample Claim Filing Instructions

IMPORTANT CLAIM FILING INSTRUCTIONS AND PROCEDURES

1. TENNESSEE SECONDARY SCHOOL ATHLETIC ASSOCIATION CATASTROPHIC POLICY SRG9051813-A $500,000 MEDICAL LIMIT. (5 YR BENEFIT PERIOD) $25,000 DEDUCTIBLE (MUST BE SATIFIED WITHIN 52 WEEKS).

2. COMPLETE CLAIM FORM IN FULL WITH SIGNATURE OF A SCHOOL OFFICIAL AS THE POLICYHOLDER REPRESENTATIVE. CLAIM FORM MUST BE SUBMITTED WITHIN 60 DAYS FROM THE DATE OF INJURY OR AS SOON AS REASONABLY POSSIBLE.

3. MAIL COMPLETED AND SIGNED CLAIM FORM TO:

AIG INSURANCE/A&H CLAIMS DEPT.
P.O. BOX 25987
SHAWNEE MISSION, KS 66225
AHClaims@AIG.com

4. NOTIFY ALL PHYSICIANS OR MEDICAL PROVIDERS WITH THIS SECONDARY INSURANCE INFORMATION IN ORDER FOR THEM TO SUBMIT ITEMIZED (1500 OR UB04 FORMS) WHICH MUST INCLUDE: PATIENTS NAME & ADDRESS, DIAGNOSIS & SERVICE CODE, DATE OF SERVICE, DESCRIPTION OF SERVICE AND MEDICAL PROVIDERS NAME, ADDRESS, TELEPHONE NUMBER AND FEDERAL TAX ID NUMBER.

5. PLEASE KEEP COPIES OF CLAIM FORM AND ALL INFORMATION SENT TO AIG.

6. AIG WILL PROVIDE WRITTEN CONFIRMATION AND ASSIGN A CLAIM #. PLEASE REFERENCE THIS# ON ALL FUTURE CORRESPONDENCE

7. IF PRIMARY INSURANCE IS INVOLVED, SUBMIT ALL EXPLANATION OF BENEFITS TO MATCH ITEMIZED (1500 FORMS/UB04'S)

8. IF OUT-OF-POCKET EXPENSES WERE MADE, SUBMIT COPIES OF RECEIPTS, CANCELLED CHECKS AND EOB FROM PRIMARY INSURANCE DENYING COVERAGE

9. FOR ANY PHONE INQUIRIES TO AIG PLEASE REFERENCE ASSIGNED CLAIM # OR POLICY NUMBER. (800-551-0824)

10. POLICY INFORMATION PLEASE CONTACT LOOMIS & LAPANN INC. (800-566-6479)

Karen Boller	kboller@loomislapann.com
Lori George	lgeorge@loomislapann.com
Greg Joly	gjoly@loomislapann.com

PLEASE BE ADVISED IF YOU DO NOT SUBMIT ALL OF THE ABOVE DOCUMENTATION, YOUR CLAIM CANNOT BE PROCESSED.

Contact

LOOMIS & LAPANN, INC.

INSURANCE SINCE 1852

(P) 800-566-6479 | (F) 518-792-3426

sports@loomislapann.com

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