## Accident Insurance Information for Parents of Athletes in Wake County Public Schools

## 2015-2016 School Year

Dear Parent:

Your district has purchased an Accident Insurance plan to provide coverage for your child while participating in Wake County Public Schools School sponsored and supervised interscholastic athletic event at the Middle School and High School level. This athletic Accident Insurance is underwritten by QBE Insurance Corporation, rated "A Excellent" by A.M. Best. The Accident Insurance is serviced by The Young Group with their main office located here in Wake County.

This Athletic Accident Insurance plan is a Limited Benefit Secondary Policy. This means the policy has maximum limits on benefit categories and it pays after any Primary Insurance pays on an accidental injury. Please review the attached list of Accident Only Insurance Benefits. **This plan may not pay 100% of the medical bills for an athletic injury or even the balance after your primary insurance pays.**  Please note the benefit limits within the policy.

Additional Coverage:  **You may wish to purchase one of the following offered through your school: School Time, 24 Hour or Tackle Football Accident Insurance.** These insurance plans provide Accident Insurance for your child and includes coverage while participating in school-sponsored and supervised interscholastic athletics. You may purchase the Student Accident Insurance online at www.k12studentinsurance.com or obtain an application by emailing us at: info@younggroup.biz or calling us at 919-846-9798.

## How to File a Claim for an Athletic Injury:

1. An injured student should seek treatment from a licensed medical provider within **60 days** of an injury.

2. Obtain an accident claim form from your school or district website or download a claim form from our claims administrator's website: www.k12studentinsurance.com. Print off the claim form and the instruction page. **The claim cannot be processed without a fully completed claim form.**

3. Follow the instructions included with the claim form. Fill in all the information on the claim form, sign it and have a school official sign it if they witnessed the accident. Send the claim form and itemized bills within 90 days of the date of an accident to the claims address located at the top of the claim form.

4. Send Itemized Bills (Forms UB-04, UB-92 or CMS 1500) that have the CPT or Diagnostic Codes from each medical provider included. CPT or Diagnostic codes are required for processing a claim.

5. If you have other applicable medical insurance you must also file with that company. When you receive your Explanations of Benefits (EOB's) from your Primary Insurance, forward these to the claims office listed at the top of the claim form. **Be sure to KEEP A COPY of all claims paperwork for your records.**

6.Filing an accident claim after an injury is **YOUR** responsibility. Do not assume that your medical provider or a school official will file the accident claim form for you.

We are pleased to be selected as your local servicing agent for this Student Accident Insurance. We pledge to do all we can to ensure you receive the best possible service. If at any point you have a question or need additional information, email us at info@younggroup.biz or call us at 919-846-9798.

Doug Young, President

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256 West Millbrook Road Raleigh NC 27609

www.younggroup.biz