

Dear Students and Parents:

As part of our pre registration mailings each year, you receive a letter from Michael Flaherty, General Manager of Auxiliary Services, regarding the student accident and sickness plan. As he indicates in his letter, it is mandatory that all students have medical insurance. Students who do not have their own coverage may purchase an insurance program arranged by the University. I wanted to contact you to reinforce some of the information he provides to you and to indicate how the Athletic Department is involved in this insurance picture.

First of all, you should consider the following when making your decision about purchasing the University's Student Health Insurance Plan:

- Coverage through a parent's policy may end on a student's birthday, i.e. ages 19, 23, or 25
- If your current coverage is through an HMO or PPO out of the Oswego area, services locally may be limited or may be charged to you at a higher, non-preferred rate.
- Your insurance may not cover the types of expenses most frequently incurred by college age individuals such as out-patient referrals or may cover them only after a deductible or co-payment; this plan helps with those expenses. Your policy may exclude intercollegiate sports.

You should also be aware that the Athletic Department provides insurance to each student-athlete to help absorb costs incurred for injuries suffered as a result of intercollegiate athletic competition or practice. **This is not intended to be a student's sole insurance coverage. It is intended to be in addition to the student's regular insurance and to help defray some of the costs of athletic injuries. This policy has a \$1,500 deductible and provides coverage up to \$75,000.**

There are two scenarios that our students fall under that you should be aware of:

1. If the student athlete has his or her own insurance coverage through a parent or some other plan, they will be responsible for the first \$1,500 of expenses for an athletic injury they incur. After \$1,500 of expenses, the Athletic Department's sports policy will be in effect on an excess basis. In other words, the student's own insurance must be used first to address costs, then the sports accident policy will help to defray co-pays, treatment limitations, etc. If you do not intend to purchase the University's Student Health Insurance Plan, you should carefully review your own insurance. **You may have significant costs before satisfying the \$1,500 deductible on our sports policy.**
2. If the student athlete has the University's Student Health Insurance Plan the first \$1,500 in expenses would be covered by that plan and then the Athletic Department's sports policy would take over. The two plans are designed to work together in terms of coverage and administration.

In the event of a catastrophic injury, the NCAA provides coverage that would supplement the sports accident policy. The NCAA program takes over at \$75,000 and has an upper limit of \$20,000,000. Again, the student health insurance, the sports accident policy, and the NCAA program are all designed to complement each other.

How does the student athlete arrange for proper care or make a claim when necessary? The Athletic Department has two full time Athletic Trainers who are certified to work with athletes and their injuries and they are well versed in our insurance plan. All referrals to doctors and paperwork for claims should be done in concert with these Trainers. They will coordinate efforts with the Walker Health Center to insure proper care for the athlete and prompt processing of claims.

If you have any further questions or concerns please feel free to contact our Head Trainer or myself. Our Head Athletic Trainer is Gary Fulsaas. He can be reached at 315-312-2511.

Sincerely,



Timothy G. Hale, Athletic Director

# **NEW NCAA INSURANCE REQUIREMENT**

## **\*\*\* VERY IMPORTANT \*\*\***

Effective August 1, 2005 the NCAA required that Division III schools either provide insurance coverage or require student athletes to provide proof of their own coverage for athletic injuries. Our program, as described in the letter of explanation, meets all the requirements as set forth by the NCAA, however, the NCAA is also requiring Athletic Departments to keep records of this coverage on file for each athlete as well as a statement from the athlete's parents. **Attached are two forms that you need to fill out and return to the Head Athletic Trainer prior to August 3, 2009.**

**FORM # 1** This form is the Acknowledgement of Insurance Requirements. By filling this form out you affirm that you have read the letter and understand the requirements for insurance. You will also indicate if you purchased the plan offered by Oswego State or provide your own insurance, and finally you will acknowledge that if your insurance coverage changes you will inform the Athletic Department immediately.

**FORM # 2** This form supplies information about the student athlete and their insurance. Everyone should fill out sections 1 and 2 and sign the acknowledgement at the bottom of the page. If you are providing your own insurance (not taking the university policy) you must also fill out section 3. ***If you are taking the university insurance you do not have to fill out section 3.***

**Please be aware that student-athletes will not be allowed to practice or compete in a scheduled contest until this information is on file with the Athletic Department.**

**ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

I, \_\_\_\_\_, as parent, guardian or legal representative,  
(name, please print)

attest that \_\_\_\_\_ has insurance coverage under a current,  
(student-athlete name)

in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. This coverage has limits of at least \$75,000.

**If there is a material change in coverage or expiration of coverage, I agree to notify the Oswego State Athletics Department of this development and update the insurance information I have on file with Oswego State.**

I understand and agree that Oswego State will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Oswego State except as outlined in the attached letter.

I/we provide the insurance coverage required (If you check this, please complete all sections of the attached form)

I/we purchased the Oswego State Insurance Program (If you check this, please fill out sections 1 and 2 and sign at the bottom of the attached form)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE OSWEGO STATE DEPARTMENT OF ATHLETICS BY AUGUST 3, 2009 ATTENTION OF:**

Mr. Gary Fulsaa – Head Trainer  
Oswego State Athletics  
9C Laker Hall, SUNY  
Oswego, N.Y. 13126  
FAX: (315) 312-6397 or (315) 312-2766

**YOU MUST INCLUDE A COPY (BOTH FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD AND THE COMPLETED EMERGENCY CONTACT AND INSURANCE INFORMATION FORM**

**Oswego State Athletics**  
**EMERGENCY CONTACT and INSURANCE INFORMATION FORM**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_  
SSN \_\_\_\_\_ Academic Year 2009-2010

**The Acknowledgement of Insurance Requirements must be read and understood and this form completed PRIOR to the student-athlete participating in practice and/or competition.**

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Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Policy Holder Name \_\_\_\_\_  
Relationship to Student-Athlete \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_  
Group # \_\_\_\_\_ I.D. # \_\_\_\_\_  
Effective Date Of Policy \_\_\_\_\_ Expiration Date \_\_\_\_\_

Primary Physician \_\_\_\_\_  
Office Number \_\_\_\_\_  
Policy Limit \_\_\_\_\_  
Policy Deductible \_\_\_\_\_  
Policy Co-Pay \_\_\_\_\_  
Does the policy cover athletically-related injuries? \_\_\_\_\_

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**I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.**

\_\_\_\_\_  
Parent/Guardian Signature and Date                      Student-Athlete Signature and Date

**This form must be completed and returned by AUGUST 3, 2009 to:**  
**Mr. Gary Fulsas - Head Trainer**  
**Oswego State Athletics**  
**9C Laker Hall**  
**Oswego, N.Y. 13126**  
**Fax # 315-312-6397**

**YOU MUST INCLUDE A COPY (BOTH FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD AND THE COMPLETED EMERGENCY CONTACT AND INSURANCE INFORMATION FORM.**  
**You should keep a copy of these documents for your records**