

Dear Parent or Guardian:

Prior to being allowed to participate in a varsity athletic program at Western, an athlete must have:

- Her/his own **primary, comprehensive medical or health insurance plan**; and
- A valid **“Athletic Insurance Questionnaire”**(completed and signed by the athlete and owner of the insurance policy providing coverage) and **copy of athlete’s insurance I.D. card** (front-back) on file with the Athletic Training Room.

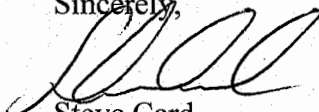
Enclosed is an information sheet explaining the Athletic Department’s health insurance coverage requirements and claims procedures for varsity athletes. Please read this sheet carefully and then complete and sign the insurance questionnaire, make a copy of the athlete’s insurance I.D. card and return the two documents to the Athletic Training Room. Save a copy of everything for your own records. Please call Western’s Athletic Trainers if you have any questions.

Athletic Training Room
Western Washington University
MS - 9066
Bellingham, WA 98225-9066
360 650-4138

Remember: This procedure requires that you immediately report to Western athletic trainers any discontinued coverage or change in plans by completing a new **“Athletic Insurance Questionnaire”** and submitting a new insurance I.D. card so the information on file at Western is always current. It is your responsibility to assure that the insurance information on file is current and accurate at all times. Failure to do so means you are financially responsible for paying all uninsured medical expenses resulting from the athlete’s injury or illness and may limit access to Western’s Athletics Excess Accident Insurance Plan in the event of need. A new copy of the questionnaire can be requested by calling the Athletic Department during normal business hours.

Thank you for your cooperation, and for your support of Viking Athletics.

Sincerely,



Steve Card
Director of Athletics

Athletics - Letter New Athletes (13) Rev 2018.docx Rev. 2017



SAVE FOR FUTURE REFERENCE

Health Insurance Requirements for Varsity Athletes

Every year, WWU Athletics requires the athlete and his/her parent or guardian to:

1. Complete and sign the **Athletics Insurance Questionnaire** (see form on last page);
2. Provide copy of the front and back of the athlete's **valid insurance I.D. card**; and
3. Immediately report discontinued or any change to athlete's health insurance coverage that may arise during the year to WWU Athletic Trainers.

What does the athlete need for eligibility?

A comprehensive medical or health insurance plan. WWU Athletics requires that all varsity athletes maintain a comprehensive health insurance plan with hospital, professional and extended benefits. The plan **MUST** provide:

- Full coverage in Bellingham, Whatcom County, Washington State.
- Out of state and/or out of area coverage for injuries during an away games or practices; and
- Coverage for intercollegiate sports-related injury or illness.

WWU Athletics DOES NOT accept WWU's Student Health Plan (excludes intercollegiate sports-related injuries), accident insurance or catastrophic health insurance plans (low limits and/or minimal benefits).

Who normally supplies health insurance coverage for athletes?

Employer group health insurance plans - This coverage is normally provided for the athlete by the employer of the athlete's parent or guardian. Coverage is typically comprehensive.

Individual health insurance plans – This coverage is arranged and purchased by the athlete. It is important for the athlete to select a comprehensive health insurance plan that meets the eligibility requirements above.

State Medicaid insurance plans – Out-of-state Medicaid plans **DO NOT** meet WWU Athletics requirements. Although Medicaid plans provide comprehensive coverage within the plan's state, they rarely provide coverage in another state. The athlete **must obtain the equivalent Medicaid coverage in Washington State** to meet the eligibility requirements.

Provincial (Canadian) health insurance plans - Provincial health insurance plans **DO NOT** meet WWU Athletics requirements. Although provincial health insurance plans provide comprehensive coverage in Canada, they rarely provide adequate coverage in the U.S. Athletes **must purchase a supplemental plan** in their province to extend full benefits to the U.S. Photocopy of evidence of a supplemental plan must be included with the athlete's valid insurance I.D. card.

Who is responsible for maintaining the athlete's health insurance coverage?

Both the athlete and his/her parent or guardian. Both are responsible for maintaining a comprehensive health insurance plan that meets WWU Athletics' requirements for the duration of the athlete's participation in intercollegiate sports. One or both must immediately report to WWU athletic trainers any discontinued coverage or change in plans by completing a new **Athletic Insurance Questionnaire** and submitting a new insurance I.D. card so the information on file at WWU is always current.

How does the WWU Athletics health insurance program work?

The varsity athlete has three sources of health insurance coverage – primary, secondary and catastrophic.

- **Primary source** of insurance is the athlete's own comprehensive health insurance plan. It is the most important coverage.
- **Secondary source** of insurance is provided under WWU Athletics Excess Accident Insurance Plan. Before this plan will respond, the athlete must satisfy a \$2,500 deductible with out-of-pocket medical expenses and/or insured expenses that are covered under the athlete's comprehensive health insurance plan. Once the deductible is satisfied, this plan will coordinate benefits and pay covered expenses only when they are in excess of benefits paid by the athlete's comprehensive health insurance plan, subject to the limits and exclusions of the plan. The maximum benefit is \$90,000 per athlete per school year. **As a prerequisite for coverage under WWU's Plan, the athlete must have a comprehensive health insurance plan.**
- **Catastrophic source** is provided by the NCAA Catastrophic Injury Insurance Program and provides coverage to athletes under the direct supervision of WWU Athletics in NCAA varsity intercollegiate athletics, including pre-competition and practice sessions. Coverage is subject to the limits and exclusions of the program. It has a \$90,000 deductible (off-set by WWU's plan above) and provides benefits in excess of any other valid and collectable insurance available to the athlete. The maximum lifetime benefit is \$20,000,000. Details online from the NCAA at www.ncaa.org.

What happens when an athlete is injured?

1. Immediately after the injury, the athlete must report to a WWU athletic trainer who will examine the injury and refer, if necessary, to the team physician. The team physician may suggest or initiate further referral to other medical consultants. In situations where the athlete cannot see the athletic trainer immediately, the athlete must inform the athletic trainer about the injury and any treatment received as soon as possible. It is the athlete's responsibility to assure that the athletic trainer is notified as available secondary and catastrophic insurance coverage is contingent upon notification.
2. The athletic trainer notifies WWU Risk Management if medical expenses are likely to exceed the \$2,500 deductible under WWU Athletics Excess Accident Insurance Plan.
3. The athlete receives medical treatment under the athlete's comprehensive health insurance plan, and is responsible for paying all deductibles, co-pays and uncovered medical expenses.
4. If it appears the athlete's medical expenses could satisfy the \$2,500 deductible under WWU's plan, the athlete contacts WWU Risk Management (360-650-3065) who will verify the injury with WWU Athletics and then mails a claim form to the athlete. The athlete is responsible for collecting and managing all itemized bills and explanation of benefits (EOB's) for the claim submission.
5. The athlete deals directly with WWU's Athletics Excess Accident Insurance Plan.
6. For catastrophic injuries under NCAA coverage, contact WWU Risk Management (360-650-3065).

Athletic Insurance Questionnaire

Instructions: A completed and signed questionnaire and copy of valid insurance I.D. card (front & Back) must be submitted to the WWU Athletic Training Room before the pre-participation physical exam. Incomplete forms will not be accepted. No athlete will be allowed to participate for any intercollegiate sport without proof of comprehensive health insurance coverage – there are NO exceptions!

Athlete's Name _____ **Sport(s)** _____
Address _____
Phone: _____ Date of Birth _____ Male or Female (circle one)

Parent/Guardian's Name _____ **SSN** _____
Address _____
Phone: Home _____ Work _____
Employer's Name and Address _____

Health Insurance Plan Information - I am insured under a (check only one box and provide company information):

- | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Parent or guardian's employer group health insurance plan | <input type="checkbox"/> Individual health insurance plan |
| <input type="checkbox"/> State Medicaid health insurance program | <input type="checkbox"/> Provincial (Canadian) health insurance plan |
| Insurance Company Name _____ | Plan Deductible \$ _____ |
| Name of Policy Owner _____ | Policy Number _____ |

Primary Care Physician (as listed in your health plan) _____ Phone _____

I have verified with my insurance company that my plan provides (policy owner's initials only):

- ____ (initials) Full coverage in Bellingham, Whatcom County, Washington State.
____ (initials) Full coverage out of state and/or out of area for injuries at away games or practices.
____ (initials) Full, comprehensive health insurance coverage for intercollegiate sports-related injury or illness.

Important: If you initial, but did not actually verify that your insurance company will respond as stated above, you are financially responsible for paying all uninsured medical expenses resulting from the athlete's injury or illness.

You MUST attach a photocopy your valid insurance I.D. card (front and back) to this form

____ (athlete's initials) I will continue to maintain a comprehensive health insurance plan for the duration of my participation in intercollegiate sports. I understand that it is my responsibility, and that of my parent and/or guardian, to immediately report discontinued coverage or any change in plans to WWU athletic trainers.

____ (athlete's initials) I am not aware of any medical illness or condition that will interfere with my health and safety while participating in intercollegiate athletics. I understand and acknowledge that a medical emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery. Therefore, in event of such emergency, I hereby authorize Western Washington University, its authorized employee(s), representative(s) or agent(s), to arrange or provide any necessary emergency medical treatment including the administration of anesthetics and surgery.

Signature of Athlete _____ Date _____

Signature of Insurance Policy Owner _____ Signature of Parent/Guardian _____ Date _____