

OLENTANGY LOCAL SCHOOLS

2010-2011

To: All Olentangy athletes in grades 9 - 12 and their parents
From: Athletic Director
Subject: MAJOR MEDICAL STUDENT ACCIDENT INSURANCE

According to the Olentangy Athletic Policy Handbook, all pupils participating in athletics must have insurance covering athletic injuries, or a waiver, excusing a pupil from carrying school insurance. This year you have several options:

- | | <u>Options:</u> | <u>Low</u> | <u>High</u> |
|---|-----------------|------------|-------------|
| 1. <u>School Insurance: (Plan 1-24)</u> This is a 24 hour a day, 12 month coverage outlined on the flyer
The cost is: | | \$ 89.00 | \$178.00 |
| <u>Please mail payment with flyer directly to the company.</u> | | | |
| 2. <u>School Insurance: (Plan 1)</u> -This plan is only for coverage during school time or school sponsored activities, plus covering certain other activities as outlined on the plan. This includes all athletics as noted below. The cost of this plan is: | | \$36.00 | \$72.00 |
| <u>Please mail payment with flyer directly to the company.</u> | | | |

NOTE: Plan 1-24 and Plan 1 above include all athletic contests EXCEPT that the additional premium enumerated at Item 3 below must be paid for any student playing junior varsity or varsity football. (Freshman players do not need the additional coverage as long as they are playing ONLY freshman football.)

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|---|----------|----------|
| 3. <u>Football:</u> <u>Please mail payment with flyer directly to the company.</u> | \$125.00 | \$250.00 |
| 4. <u>Your Own Insurance:</u> The player is presently covered by a family policy covering injuries incurred in athletic participation, and we do not want the school insurance. | | |

For complete information about each of the options, please pick up the insurance agency's flyer in the Athletic office.

PLEASE MAKE CHECK PAYABLE TO: N. CAROL INSURANCE AGENCY, INC.
mail to: 1989 W. 5th Ave. #6, Columbus OH 43212
Phone #: (614) 486-1666

- | Please check your option: | <u>Options:</u> | <u>Low</u> | <u>High</u> |
|---|-----------------|------------|-------------|
| 1. <u> </u> 24 HOUR "Around the Clock" Accident Coverage | | \$ 89.00 | \$178.00 |
| 2. <u> </u> SCHOOL-TIME Accident Coverage. | | 36.00 | 72.00 |
| 3. <u> </u> Football Only | | 125.00 | 250.00 |
| 4. <u> </u> 24 HOUR "Around the Clock" Sickness and Accident Plan (One time premium) | | 299.00 | 598.00 |
| 5. <u> </u> We waive the school insurance option - our own insurance coverage is adequate. | | | |

*** Coverage begins when premium is received. See all details on flyer/ form available at the school. Mail completed form directly to the company.

DATE: _____

STUDENT'S NAME (PLEASE PRINT) _____

PARENT'S SIGNATURE: _____