



SDHSAA
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Dissinger Reed, LLC
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Overland Park, KS 66210

To: District Superintendents

From: Dr. Daniel Swartos, SDHSAA Executive Director
Christian Reed, Owner/CEO, Dissinger Reed, LLC

Subject: 2021-22 Voluntary Catastrophic Insurance

Date: July 2021

The South Dakota High School Activities Association provides catastrophic insurance to member schools to protect student athletes/participants in SDHSAA sanctioned events (Grades 9-12). This plan underwritten by Mutual of Omaha, rated A+ (Superior) by A.M. Best, and offered by Dissinger Reed, LLC.

For those schools or districts purchasing voluntary catastrophic on an individual basis, enclosed with this letter is some information outlining coverage that can be purchased by schools to cover students for events that are **not governed** by the rules and regulations of the SDHSAA, such as club sports, marching band, and middle school athletic activities.

This coverage can also be extended to offer the same protection to all students during regular school hours and approved activities where an accident or horseplay might occur such as PE/Gym, class breaks between periods, student assemblies, and field trips.

The Mutual of Omaha plan has several options. You can choose a plan with medical benefits only or one that pays medical benefits **and** allocated benefits.

If a student does suffer a serious injury, having a catastrophic plan in place to pay excess medical expenses and provide for the student's special needs can protect your school from lawsuits.

To enroll your school, please complete the application and return with your check made payable to Dissinger Reed, LLC. A mandatory student basic plan is also available. For questions, please call Dissinger Reed, LLC at (800)-386-9183.

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SDHSAA- Serving Students Since 1905

Board Chairperson - Mr. Tom Culver
Assistant Director - Ms. Jo Auch
Assistant Director - Mr. Brooks Bowman

Executive Director - Dr. Daniel Swartos
Assistant Director - Mr. Randy Soma
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K-12 Catastrophic Accident Insurance Coverage Request Form

(For Schools in Arizona, California, Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota, Oregon, South Dakota, Washington and Wyoming)

I. GENERAL INFORMATION:

Participating School or District Name: _____

Address: _____
Street City State Zip

Contact Name: _____

Title: _____ Phone: _____

Fax: _____ E-mail: _____

Desired Effective Date: _____ (Coverage will become effective on the Desired Effective Date or on the date this request and the premium are received by the Company, whichever is later.)

II. COVERAGE (Check the box next to the desired Option, Only one benefit option for all insureds):

OPTIONS:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Accident Medical Maximum Benefit	\$1,000,000	\$1,000,000	\$5,000,000	\$5,000,000
Plan Type	Cat Med Only	Allocated Cat	Cat Med Only	Allocated Cat
Home Health/Custodial Care Maximum	\$100,000	\$100,000	\$100,000	\$100,000
Benefit Period	Lifetime	Lifetime	Lifetime	Lifetime
Minimum Premium	\$600.00	\$650.00	\$700.00	\$750.00
Deductible	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00

III. ELIGIBILITY AND PREMIUM:

(Circle the desired Class Option – Insureds in all Classes can be covered):

CLASS 1: All Pre-Kindergarten through 12th grade enrolled students. Coverage includes intramural sports participants. Coverage excludes interscholastic sports participants, cheerleaders, and dance team members.

OPTIONS:	A	B	C	D
Rate Per Student (PreK-12)	\$0.90	\$1.10	\$1.30	\$1.60

_____ X \$ _____ = \$ _____
of Students Rate Per Student TOTAL PREMIUM

CLASS 2: All Pre-Kindergarten through 8th grade: interscholastic athletes, cheerleaders, band members, majorettes, student coaches and student managers/student trainers only.

OPTIONS:	A	B	C	D
Rate Per Athlete (PreK-8)	\$1.65	\$1.95	\$2.30	\$2.85

_____ X \$ _____ = \$ _____
of Athletes Rate Per Athlete TOTAL PREMIUM

CLASS 3: All Senior High: interscholastic athletes, cheerleaders, band members, majorettes, student coaches and student managers/student trainers only. *Coverage is during the school's summer and/or winter breaks.

OPTIONS:	A	B	C	D
Rate Per Athlete (Senior High)	\$1.40	\$1.65	\$2.00	\$2.40

_____ X \$ _____ = \$ _____
of Athletes Rate Per Athlete TOTAL PREMIUM

\$ _____
GRAND TOTAL PREMIUM DUE

AMERICAN SPECIALTY 2021-2022 MULTI-STATE K-12 CAT PROGRAM

ELIGIBILITY AND COVERED EVENT LANGUAGE

Class 1: All Pre-K through 12th grade students.

Coverage is provided for Class 1 Insureds while: a) attending school, on premises; b) participating in a school sponsored intramural sports game; or c) participating in a school sponsored non-sport extracurricular activity on or off school premises; or (d) while on Day or Overnight Domestic Field Trips seven days or less in duration or Overnight International Field Trips fourteen days or less in duration. No coverage is provided for interscholastic sports practice or games or conditioning.

Class 2: All Pre-K through 8th grade:

- interscholastic athletes,
- cheerleaders,
- band members,
- majorettes,
- student coaches, and
- student managers/student trainers.

Coverage is provided for Class 2 Insureds while: (a) participating in interscholastic sports practice and games or while conditioning on school premises; and (b) participating in band or majorette practice or performance at a school sponsored event.

Class 3: All Senior High:

- interscholastic athletes,
- cheerleaders,
- band members,
- majorettes,
- student coaches, and
- student managers/student trainers.

Coverage is provided for Class 3 Insureds, during the school's summer and/or winter breaks, while participating in interscholastic sports practices and games or while conditioning on school premises.

Travel is covered in transportation authorized or arranged by the Policyholder while proceeding directly to and from and without interruption between approved locations authorized by the Policyholder.