

Dissinger Reed, LLC
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800-386-9183 ~ 913-491-0527 fax



To: District Superintendents

From: Daniel Swartos, Executive Director, SDHSAA
Christian Reed, Dissinger Reed, LLC

Subject: 2018-19 Voluntary Catastrophic Insurance

Date: May 2018

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 is 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 and middle school athletic activities.

This coverage can also be extended to offer the same protection to all students during regular academic school hours and approved activities where an accident or horseplay might occur such as PE/Gym, Break 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 basic student accident plan is also available. For questions, call Dissinger Reed, LLC at (800) 386-9183.

Dissinger Reed, LLC
8700 Indian Creek Parkway, Suite 320
Overland Park, KS 66210

**AMERICAN SPECIALTY
2018-2019 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.

2018/2019

K-12 Catastrophic Accident Insurance Coverage Request Form

(For Schools in Arizona, Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota, South Dakota 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):

Table with 5 columns: OPTIONS, A, B, C, D. Rows include Accident Medical Maximum Benefit, Plan Type, Home Health/Custodial Care Maximum, Benefit Period, and Minimum Premium.

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.

Table with 5 columns: OPTIONS, A, B, C, D. Row: Rate Per Student (PreK-12)

_____ 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.

Table with 5 columns: OPTIONS, A, B, C, D. Row: Rate Per Athlete (PreK-8)

_____ 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.

Table with 5 columns: OPTIONS, A, B, C, D. Row: Rate Per Athlete (Senior High)

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

\$ _____
GRAND TOTAL PREMIUM DUE
Policy Form SB21CC

2018/2019

K-12 Catastrophic Accident Insurance Coverage Request Form

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

List Schools To Be Covered:

<u>Name of School To Be Covered</u>	<u>Grade To Be Covered</u>	<u>Number of Students</u>	<u>Number of Athletes</u>
Total:			

Mail payment along with this completed form and Participant Accident Insurance Application (NE schools only) to:

Dissinger Reed, LLC
8700 Indian Creek Parkway, Suite 320
Overland Park, KS 66210

IV. ACCEPTANCE AND REQUEST FOR COVERAGE:

The benefits, conditions and premium for this coverage are as outlined within the coverage materials and this form. If acceptable, please sign the Participant Accident Insurance Application (Form SR2014 APP) and return with this signed form and the premium to the address below.

The Montana or Wyoming School or School District (the Participant), shown on page 1, requests insurance to cover eligible individuals under the Mutual of Omaha Insurance Company Nebraska Student Insurance Trust (the Trust) policy of insurance issued by Mutual of Omaha Insurance Company (the Company) to the Trust. The Participant agrees to be bound by the terms of the Trust and by the terms of the Policy. The Participant further understands and agrees that this request for participation and coverage does not assure acceptance as a Participant under the Trust. Acceptance of this request is subject to the terms of the Trust and to the terms of the Policy.

The Company will notify the Participant of its approval or disapproval of this request. A notice of approval will specify the effective date of the Participant's insurance or changes in coverage. Upon approval, the Company will deliver a benefit plan description to the Participant. Coverage will become effective on the Desired Effective Date shown above or on the date this request and the premium are received by the Company, whichever is later.

Signed _____
Authorized Representative of School Title

Witness: _____

Date: _____

Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175