INSURANCE COVERAGE

Calhoun Community College provides accident insurance coverage for student-athletes, managers, and student coaches. The accident insurance provides coverage for intercollegiate play, practice, and travel. Insurance coverage is not provided for students participating in a tryout. Any student participating in a try-out will be asked to sign a Release from Liability and Hold Harmless Agreement.

All injuries should be immediately reported to the Head Coach. The coach will speak with the Encore Athletic Trainer to determine if medical treatment is required. All medical evaluations and physical therapy appointments should be scheduled at a convenient time, as not to miss class or practice. Contact your coach before scheduling an appointment for medical services. **The student-athlete and coach are required to complete a BMI (Bob McCloskey Insurance) injury report on the day of the injury, before the initial doctor's visit. The athlete MUST present the physician's office with the signed injury report and a copy of the Insurance Referral form (see Appendix). A copy of the injury report form will remain in the Athletic Office.**

The accident insurance policy provided by the College is secondary coverage and will be implemented over any other coverage you or your parents may have. The athletic insurance is negotiated through the ACCC conference annually. **There is a $ 5,000.00 deductible that must be met before Calhoun's insurance is activated. The Calhoun Community College athletic insurance will not cover any co-payments required by the primary insurance until the $5,000 deductible is met. For uninsured student-athletes, BMI will be the primary coverage and will cover intercollegiate play, practice, and travel after the $5,000.00 deductible is met.**

The college may assist student-athletes with unpaid medical expenses for an injury during a college activity. Students must complete the Uninsured Medical Costs Claim Form in the Appendix and submit all requested documents to Dr. Nancy Keenum. The primary insurance must have been exhausted before students requesting assistance. If you have questions, contact Mrs. Carla Larry at the Business Office (256) 306-2540.

Calhoun Community College does not provide health insurance coverage for student-athletes. Insurance coverage for any health-related illness is the responsibility of the student-athlete.

Each individual who participates in the athletic program at Calhoun Community College must have completed their insurance information questionnaire and a copy of their personal insurance card on file in the athletic office to receive athletic insurance coverage. All information must be completed and on file before the first athletic contest.

If an athlete has an injury during practice or a game, the athlete must present a copy of the BMI Injury Claim form (signed by the coach) to the physician or Emergency Room attendant and a copy of their insurance information on the initial visit. The claim form is to be returned to Crystal Higginbotham, the athletic secretary, the following school day.

Calhoun Community College has 90 days to file the injury report with Bob McCloskey Insurance, **www.bobmccloskey.com**. To complete the insurance claim, the student-athlete must have the BMI Injury Claim form (appendix, page 14), itemized physician/physical therapy/ hospital statements, and the primary carrier statement to the Athletic Office. All paperwork must be completed in a timely manner. Claims will not be processed without all required elements.

MEDICAL INFORMATION

The National Junior College Athletic Association requires each athlete to have a physical examination before participating in any athletic practice session and/or event. All student-athletes and managers must pass a physical examination by the Calhoun physicians before the first official practice to be eligible for athletic insurance coverage.

All student-athletes at Calhoun Community College must complete an athletic health examination record. Student-athletes will receive the required documentation for the physician to complete in the mail. This examination record aids the physicians in performing a complete physical examination.

All students will be required to sign a drug test consent form with the ACCC and college, giving the athletic department staff permission to drug test the student at any time. The drug policy is created by the Alabama Community College System. Student-athletes are subject to random drug testing throughout the year. The ACCC Drug Policy is on pages 23-27.

Athletes will be advised of Covid protocols as they become available by the NJCAA, ACCC and college.

ATHLETIC INSURANCE INSTRUCTIONS

The Alabama Community College Conference maintains a sports accident insurance policy for all covered athletic injuries. This policy in excess of any other valid and collectible insurance – it is a secondary policy and all claims must be submitted to the athlete's primary insurance first. Please send this with the student-athlete any time medical expense is incurred. This will help decrease the amount of time it takes to adjudicate a claim.

1. An injury report must be submitted (appendix) by a Coach;

2. Submit medical charges to any other insurance policy the patient is covered under first (regardless of whether the patient is the primary member or a dependent);

3. Once the primary insurance claim is processed, submit the itemized bill and primary carrier statement to the athletic office.

BMI Benefits, LLC
P.O. Box 511
Matawan, NJ 07747
1-800-445-3126
www.bobmccloskey.com

Group Name: Alabama Community College Conference
School: Calhoun Community College

3. Payment will be made directly to the medical provider unless otherwise requested.

Disclaimer: Claims submitted under the Alabama Community College Conference coverage are subject to all policy limitations and exclusions. This instruction sheet is not a guarantee of payment. It is intended only to facilitate submission of claims.

HOW TO FILE A CLAIM:

1. Complete this form within 90 days.
2. Attach Itemized Bills and Primary Carrier Statements
3. Mail to: BMI Benefits, LLC, P.O. Box 511, Matawan, NJ 07747 800-445-3126 (P) 732-583-9610 (F)

ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

Got You Covered

This part must be completed and signed by an official of the policyholder or the claim cannot be processed

PART 1A: POLICYHOLDER

School/Organization Policy#

School Mailing Address City, State, Zip

Injured Person's Name Birth date Male ☐ Female ☐

Date of Injury Time Type of Sport Part of body injured

How did Injury occur?

Sport Designation: Intercollegiate ◯ Intramurals ◯ Practice ◯ Game ◯ Other ◯

At the time of the injury, was the injured involved in an activity sponsored and supervised by the policy holder? YES ◯ NO ◯

Name of Supervisor Was he/she a witness to the accident? YES ◯ NO ◯

Signature of Supervisor/Official Title Date

PART 1 B: INJURED PERSON'S INFORMATION
THE INJURED PERSON'S SOCIAL SECURITY NUMBER MUST BE PROVIDED AS REQUIRED BY THE CENTER FOR MEDICARE SERVICES

Injured Person's Social Security Number

Injured Person's Home Address (Street, City, State, Zip)

Is the injured Person Employed? YES ◯ NO ◯ If yes, please fill out Section A below.

Is the injured Person Married? YES ◯ NO ◯ Spouse's Name

Is the Spouse Employed? YES ◯ NO ◯ If yes, please fill out Section B below.

Are you covered by any other insurance policy, either as a dependent, group, individual, automobile medical or liability YES ◯ NO ◯

If Yes: Name of Insurance Carrier _____ Policy #: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name	Mother/Guardian Name
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Home Phone	Home Phone
Is the Father Employed? YES ◯ NO ◯	Is the Mother Employed? YES ☐ NO ☐

SECTION A (INSURED/FATHER)		SECTION B (SPOUSE/MOTHER)	
Employer		Employer	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Business Phone		Business Phone	
Insurance Company	Policy#	Insurance Company	Policy#

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:

You are hereby authorized to furnish at the request of and to BMI Benefits, LLC or the underwriting companies with which it works, information which you may possess; including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original, PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Claimant or Authorized Person's Signature Date