

**MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS
OFFICE OF THE SCHOOL BUSINESS ADMINISTRATOR/BOARD
SECRETARY**

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William J. Doering, CPA
Business Administrator/ Board Secretary

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Assistant Business Administrator /
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2009-2010 School Year

Dear Parent/Guardian:

The Middletown Township Board of Education has purchased insurance coverage to protect all students against accidental injury during all school sponsored and supervised activities, whether at the school or away, including participation in interscholastic athletics, cheerleading and band. This coverage is provided by: Markel Insurance Company and the 2009-2010 policy becomes effective on 7/1/09.

This insurance plan is **Excess** coverage: i.e. **you must submit all bills to your own insurance first** and follow the guidelines of your personal insurance carrier when seeking medical attention for your child. That is, if you have an HMO, POS or PPO, you must stay within your insurance carrier's network (HMO) or follow the guidelines for out of network care (PPO and POS), securing referrals to specialists if required by your carrier and the school policy will pick up the unpaid balances, **up to the limits of the policy.**

Although this coverage is very broad, there are restrictions, limitations, and exclusions in this policy. In some situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the schools'. Some of the important benefits and limitations of the plan are:

1. Maximum Medical Benefit is \$1,000,000 for all students during any school sponsored and supervised activities. There is also a \$5,000,000 Umbrella for Interscholastic and Intramural Sports, Gym Classes, Band Members and Cheerleaders, plus non-sport extracurricular activities.
2. Treatment must commence within **90 days** of the date of injury, or there is no coverage.
3. Physical Therapy Treatment (including Chiropractic) has a limit of \$10,000. (A letter of Medical Necessity is required).
4. Benefits are payable for up to 3 years from the date of injury.

All injuries should be immediately reported to a coach, nurse or faculty advisor. The school will provide claim forms, but it is the parents' responsibility to:

1. Submit the claim form filled out completely (any omissions will delay the processing of the claim).
2. Submit all itemized bills (monthly statements will not do).
3. Submit the statement (EOB-Explanation Of Benefits) received from your own insurance company showing amounts paid and balances due, or, a letter of denial stating the claim is not covered. One of these letters is required for any payments to be made.

If you have no other medical insurance, you will receive a letter from the company requesting employer information. Fill this out and return it to the company immediately and the claim will be processed. Failure to return this letter will result in a delay or denial of the claim.

It is your responsibility, and to your benefit, to submit the necessary papers as soon as possible, since the claim cannot be paid until all papers are submitted. Only one claim form per accident is required.

All claim forms, bills, and the letters from other insurance companies are to be forwarded to, and questions regarding the coverage answered by:

BOB McCLOSKEY INSURANCE
P.O. BOX 511, 76 MAIN STREET
MATAWAN, NJ 07747
1-800-445-3126

Sincerely yours,

Maria Salus
Assistant Business Administrator/
Assistant Board Secretary