

OLIVET NAZARENE UNIVERSITY
ATHLETIC DEPARTMENT SECONDARY INSURANCE POLICIES

As a service and value to our student athletes at Olivet Nazarene University, the Athletic Department provides a secondary/supplemental athletic accidental insurance. **The secondary policy will only be applied to medical costs incurred for injuries/accidents that were sustained while participating in a practice or competition required AND supervised by a coach.** The secondary insurance policy requires that the injured athlete first make a claim under their primary medical insurance. Excess medical expenses not covered by the primary insurance will be submitted to the school's policy (subject to its limitations and conditions). Although we attempt to purchase the most comprehensive policy, this is not an all-inclusive policy.

- ❖ Each student athlete is required to procure primary health insurance that covers athletic injuries, and to provide proof of this insurance. Participation in athletics is contingent on proof of primary insurance being provided to the Athletic Training Dept.
- ❖ Olivet Nazarene University Athletic Department assumes no financial responsibility for injuries sustained during participation. Ultimately, the athlete and his/her family are responsible for all expenses generated as the result of an injury sustained as an athlete, this plan is to assist in excess medical bills
- ❖ ONU offers secondary health insurance for athletes, which covers expenses not paid by the athlete's primary insurance. **Note:** this procedure includes following the advice of the ONU Athletic Training Staff. Any medical bills incurred by a student athlete without approval by the Athletic Training Staff shall be the sole responsibility of the student athlete.
- ❖ Only student athletes who are on a Varsity Sport Roster, have passed a Pre Participation Physical Exam, and have submitted all required forms as well as a copy of their primary insurance information are eligible for coverage under the Department's Secondary Insurance Policy.
- ❖ The paperwork required to submit a claim to ONU's Secondary Insurance policy **MUST** be submitted within 90 days of initial care for an injury. Payment cannot be guaranteed if the initial request by the student athlete is made more than 90 days after the initiation of care by a physician.
- ❖ It is the responsibility of the athlete and his/her family to follow the proper procedure through their primary insurance in order to access the school's secondary insurance policy, if applicable.
- ❖ **Failure to maintain a primary insurance policy will nullify the secondary insurance benefits. The responsibility will be solely of the athlete and his/her family. If the policy changes during the academic year, notification and a new card must be submitted.**
- ❖ For those student athletes who use an HMO as their primary insurance AND do not live in the Bourbonnais area, the Athletic Training Staff **STRONGLY** recommends student athletes either **a)** change their primary care physician to a local office, and/or **b)** purchase a short term insurance policy that allows for the athlete to see people in this area. The purpose of this recommendation is so that any injuries and/or illnesses suffered during the academic year can be evaluated and treated as expeditiously and appropriately as necessary.
- ❖ Items not covered under the secondary policy include: injuries not sustained during covered events(i.e. intramurals), illnesses, infections, hernias, chronic or recurrent conditions, preexisting conditions, degenerative conditions(diagnosed by physician), overuse conditions (stress fractures, shin splints, etc.) unauthorized treatments/consultations, injuries not notified to athletic training staff with 7 days of onset.

Please sign upon reading and acknowledgement of policies and procedures. Any questions please contact: BJ Geasa, Head Athletic Trainer, 815-928-5415.

I have read and have had a chance to ask any questions concerning the above secondary insurance policy.

Athlete Signature: _____

Date: _____

Parent Signature: _____

Date: _____

