

Date: June 2, 2009

TO: Muhlenberg College Student-Athletes and Their Parents.

FROM: Mr. Steve Nemes, ATC
Head Athletic Trainer

SUBJECT: Insurance for the 2009-10 Academic Year.

Please note that all Muhlenberg College student-athletes must provide evidence of insurance that includes coverage for athletic-related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the Muhlenberg College Athletic Department. **Please download and complete the appropriate Acknowledgement of Insurance Requirements form, (parent or student version) emergency contact form and an insurance card, or photocopy of both sides.** These documents as well as the other required forms from the website must be on file before a student can participate. Muhlenberg College provides secondary accident medical coverage for student athletes for athletic-related injuries. Coverage is subject to specific policy terms and conditions and includes certain restrictions and exclusions of which you should be aware. A pamphlet detailing these restrictions and exclusions will be mailed to you in the next few weeks. A copy of the pamphlet may also be viewed on the college website at the following link: <http://www.muhlenberg.edu/sports/train/insbrochure.pdf>. If you would like to speak to someone regarding this coverage, please contact the Student Health Center at 484-664-3199. Please note that this coverage is a secondary coverage and, as such, will not pay any claims until primary coverage sources have been exhausted. Also note that Muhlenberg College assumes no liability for any unpaid claims, losses or other uninsured expenses. The college's secondary coverage provides certain benefits up to a maximum of \$75,000. Any claims above this amount will then be referred to the NCAA Catastrophic Injury Program.

The NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$75,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at Muhlenberg College. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's web site at www.ncaa.org.

If you have questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletic-related injuries.

If you have any questions regarding this requirement, please contact me at 484-664-3391.

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS
(Parent Version: IF STUDENT-ATHLETE IS UNDER PARENT/GUARDIAN
INSURANCE)

I, _____, as parent, guardian or legal representative, attest that
(please print name)

_____ has insurance coverage under a current, in-force insurance
(student-athlete name)

policy for injuries that occur while he/she is participating in intercollegiate athletics. I have provided a copy of each side of my insurance card as evidence of coverage.

If there is a material change in coverage or expiration of coverage, I agree to notify Muhlenberg College of this development and update the insurance information I have on file with both Muhlenberg College's Health Center and Athletic Training Department. I also understand that it is my responsibility to obtain any and all necessary authorizations and/or pre-certifications prior to any off campus appointments.

I understand and agree that Muhlenberg College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Muhlenberg College. Muhlenberg College carries **secondary** medical coverage for athletes participating in intercollegiate sports at Muhlenberg College. Certain exclusions and restrictions apply. Go to the following link for more information

<http://www.muhlenberg.edu/sports/train/insbrochure.pdf>, or contact the Student Health Center at 484-664-3199.

I have read and understand all information contained in this packet. I understand that in the event of injury, the student-athlete must first report to the Certified Athletic Trainer or the Health Center before consulting an outside health care professional, except in the case of an emergency. Failure to report any and all injuries may result in the athlete/student assuming all financial responsibility. I/We have reviewed and acknowledge compliance with the insurance policy for Muhlenberg College Intercollegiate and Club sports.

(signature) (date)

THIS FORM MUST BE SIGNED AND RETURNED TO THE MUHLENBERG COLLEGE
ATHLETIC TRAINING DEPARTMENT BY JULY 10, 2009

Return to:
Muhlenberg College
Attn: Athletic Training Staff
2400 Chew Street
Allentown, PA 18104

YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE
CARD AND THE COMPLETED EMERGENCY CONTACT AND INSURANCE INFORMATION
FORM.

6/09

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

*(Student Version: **IF STUDENT-ATHLETE IS SELF-INSURED**)*

I, _____, attest that I have insurance coverage under a current,
(student-athlete name)

in-force insurance policy for injuries that occur during my participation in intercollegiate athletics. I have provided a copy of each side of my insurance card as evidence of coverage.

If there is a material change in coverage or expiration of coverage, I agree to notify Muhlenberg College of this development and update the insurance information I have on file with both Muhlenberg College's Health Center and Athletic Training Department. I also understand that it is my responsibility to obtain any and all necessary authorizations and/or pre-certifications prior to any off campus appointments.

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