

**\*\*\*\*IMPORTANT NOTICE TO PARENTS\*\*\*\***  
**2022 SEMINOLE COUNTY HIGH SCHOOL FOOTBALL ACCIDENT INSURANCE**  
(For student athletes participating in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> grade level football)

**EXCESS INSURANCE**

**Dear Parents:** Students that desire to participate in Seminole County Schools' tackle football programs must show evidence of medical insurance before being allowed to practice or play tackle football. The following information describes a football accident insurance plan that is available through *School Insurance of Florida*. **You are not required to purchase this plan and may purchase your own coverage. This coverage has limits and exclusions and will not pay for 100% of medical bills. However, your child must have medical insurance or this plan in effect before he is eligible to participate in tackle football.** The school district is not responsible for accidents while playing sports or while at school activities. This low-cost insurance plan can also be used to supplement your primary coverage that you already have through your employer, group, or family policy. Enroll online and save time by printing your ID card or return this form and payment to *School Insurance of Florida*. Please enclose a self-addressed and stamped envelope so we can send the I.D. card back to you. **Please note: This coverage does not provide insurance for Summer football practices or drills, games, scrimmages, football camps, private leagues, or 7 on 7 leagues.**

**Seminole Public Schools FHSAA Tackle Football Summary of Coverage 2022**

**Student Accident Insurance Premium Cost: \$75.00**

This plan will provide basic accident insurance protection during the 2022 FHSAA football season summer conditioning, pre-season tryouts/Jamboree game, FHSAA regular season practices and games beginning and as scheduled/ sanctioned by the FHSAA, (including FHSAA post season play if a team qualifies and is eligible to participate). This plan will terminate in December 2022.

Please refer to policy terms and provisions on reversed side of this form. These plans do not provide coverage for summer football practices or drills, games, scrimmages, football camps, private leagues, or 7 on 7 leagues. Online open enrollment will be April – May 8<sup>th</sup> open again in July - September 9<sup>th</sup>, 2022.

**SUMMARY OF BASIC POLICY PROVISIONS, BENEFITS AND MAXIMUM LIMITS**

If injury due to an accident covered by the policy requires treatment within sixty (60) days after the date of accident by a licensed Doctor of Medicine, Osteopathy, Chiropractic, Dentistry, or hospital services, the insurance company will pay for eligible expenses incurred for necessary medical, dental or hospital care incurred within one year from the date of accident up to \$25,000.00, subject to the specified Policy Schedule of Benefits listed below. The football accident insurance policy has limitations and exclusions and may not pay 100% for all medical charges. Benefits are paid for loss directly due to an identifiable accident causing bodily injury, independent of all other causes, incurred while your insurance under this Policy is in force. No benefits are payable for treatment of pre-existing conditions or treatment expenses incurred after one year from the original date of a covered accident.

- **DOCTORS VISITS IN OFFICE OR HOSPITAL** – Pays up to \$45.00 for the initial day of non-surgical treatment which includes all office calls, hospital visits, interpretations and consultations. Pays up to \$35.00 for each subsequent day of non-surgical treatment, interpretation and consultation. Pays up to \$50.00 for emergency room doctor initial visit.
- **SURGICAL PROCEDURES** – Surgeon and anesthesiologist benefits for surgical procedures are limited based and on the 2008 Florida Workers' Compensation Fee Schedule (Part A). Surgery is defined as any cutting, suturing operation or reduction of a displaced fracture or dislocation performed by a licensed physician. CRNA are not covered.
- **HOSPITAL BENEFITS** – Room and Board benefit is \$200.00 per day of in-patient care; operating room, therapy, radiology, drugs and all other necessary in-patient charges payable up to a maximum of \$3,300.00 for the first seven days of confinement, and up to \$300.00 per day of confinement in the aggregate thereafter; Emergency room payable up to \$225.00. Out-patient or Same Day Major Surgical Procedures: If major surgery is performed, requiring general anesthesia, on an out-patient "same day basis", the maximum benefit for use of the out-patient hospital or Surgi-Center facility will be payable up to a maximum aggregate benefit of \$2,000.00.
- **DIAGNOSTIC X-RAY, RADIOLOGY OR SIMILAR SERVICES** - Maximums payable per accident, (including interpretation fees), when not hospital confined: X-rays, EEG, EKG: if no fracture, \$75.00, if fracture \$275.00; MRI: \$500.00; CAT or other scans: \$300.00.
- **OUT-PATIENT PHYSIOTHERAPY** - (or similar treatment such as diathermy, heat treatments, ultrasound, massage, adjustment or manipulation in any form, and/or office visits connected therewith). Maximum benefit: \$400.00, not to exceed \$40.00 per day.
- **ORTHOPEDIC APPLIANCES** - Pays when prescribed and necessitated in conjunction with a covered injury: crutches: \$35.00; orthopedic brace: up to \$250.00 (a cast, splint or strap does not qualify for this benefit).
- **AMBULANCE SERVICE** – Pays up to \$300.00 for initial emergency ambulance services (air or ground).
- **DENTAL TREATMENT** – Pays up to \$200.00 per repair or replacement expenses of each injured sound and natural tooth.

**How to Enroll** - Before participation complete enrollment application and mail with your payment to: *School Insurance of Florida* P.O. Box 784268 Winter Garden, FL. 34778. If you mail your payment and would like an insurance confirmation card, please enclose a self addressed and stamped envelope so we can send the I.D. card back to you. **Or, email us at [info@schoolinsuranceofFlorida.com](mailto:info@schoolinsuranceofFlorida.com) to receive an I.D. confirmation.** Coverage will not become effective until 11:59 PM on the date you enroll online, OR the date received in our agency office. **You cannot have coverage on the same day you purchase this plan.** Coverage Effective Dates are summarized on the reverse side of this form. No refunds after the first day of coverage. **Retain this Summary of Insurance for your records. Your Policy Number is: 09-0140-2023.**



Seminole County Public School FHSAA Tackle Football Accident Insurance Application  
**Save Time and Enroll Online [WWW.SchoolInsuranceofFlorida.com](http://WWW.SchoolInsuranceofFlorida.com)**

- Check One** ✓
- Yes - Please enroll my student in the basic accident insurance plan for \$75.00 that will provide coverage during the FHSAA activities as outlined above.**
- No – We reject this coverage and accept full responsibility for any accidental injury and related medical bills as result of participation in tackle football. We understand the school is not liable while playing sports on public grounds.**

STUDENT First Name: \_\_\_\_\_ STUDENT Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name of High School: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Make Payable to: School Insurance of Florida    Premium: \$75.00    Check/ Money Order Number: \_\_\_\_\_

Signature Parent/ Legal Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

I have read the terms, benefits and exclusions and wish to purchase this nonrefundable policy. No refunds are permitted after the first day of coverage. Florida Law states: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

*Address all claims and inquiries to the Plan Administrator:*

**School Insurance of Florida P.O. Box 784268 Winter Garden, Florida 34778-4268**  
**Telephone: 1-800-432-6915**

## EXCESS INSURANCE

**EFFECTIVE AND TERMINATION DATES:** Coverage becomes effective as sanctioned by the FHSAA, or on the date the enrollment application and payment is received by *School Insurance of Florida's* office, at 11:59 P.M., whichever is the later date. Coverages terminates on December 18th, 2022 or after the team's last official, FHSAA, sanctioned game. **The 24-Hour plan may be purchased for off-season conditioning during the regular school term. This plan does not provide coverage for any summer football practice sessions, summer scrimmages, contact drills, camps, leagues, passing drills, passing leagues (7 on 7) or competitions.**

The "**2022 Summer Conditioning Coverage**" is effective only during actual participation in school scheduled and continuously supervised weightlifting conditioning exercise. **Conditioning** is defined as: "Weight training is the use of free weights and stationary apparatus. Cardiovascular conditioning is distance and interval training. Plyometrics is the use of pre-set conditioning programs. **Conditioning IS NOT teaching sport specific skills and drills and DOES NOT involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, balls, rackets, etc.)**." Benefits are limited as specified in the policy schedule of benefits and exclusions. This policy will not cover any injury expense that occurs before or after supervised football activities or while traveling to or from a school supervised, covered activity, except while traveling as a team in a school bus or school district approved van. Medical treatment expense for conditions and injuries existing or occurring prior to the effective date of coverage are not covered.

**EFFECTS OF OTHER COVERAGE:** The policy contains no cash deductible. The policy will provide the scheduled benefits in addition to other insurance if the total treatment expense is \$250.00 or less. However, if treatment expense exceeds \$250.00, you must first file a claim with any other source of coverage. Other sources of coverage include but are not limited to, Blue Cross/Blue Shield, group insurance, self-insured trusts, Union Welfare Plans, HMO's and PPO's. After the other source of coverage has provided benefits, the student insurance policy will consider payment of the remaining unpaid expenses up to the scheduled policy maximums. If you are also covered by an HMO, PPO, or similar plan, you must follow their rules for obtaining approved provider services and benefits. If you do not use your HMO or PPO approved provider, benefits under the student insurance plan will be reduced by the amount of benefits that could have been obtained if you would have utilized the HMO or PPO approved provider of service. If you have no other source of coverage, the student accident insurance will pay the scheduled policy benefits. The Policy is Underwritten by: Reliance Standard Life Insurance Company, 1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL.

**THE FOLLOWING ITEMS AND CONDITIONS ARE NOT COVERED:** No payment shall be made under the Policy to cover any expense or loss not caused exclusively by an identifiable accident occurring while the Policy is in force or any expense or any loss resulting from, or for: Participation in any non-district/FHSAA organized sports, other sports or camps, league practices or competitions. Any form of illness, sickness or disease, including but not limited to the following: Pathological Stress Fractures, Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions; hearing aids; damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedures and services; intentionally self-inflicted injury; war or any act of war; services or treatment rendered as a part of the school service by a hospital, physician, or person employed or retained by the School, or by a person related to the Covered Person by blood or marriage; the use of or while under the influence of drugs or intoxicants unless administered as prescribed by a physician; boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care; riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle; provided, however, that eligible medical expenses not collectible from other valid coverage will be payable up to \$1,500.00 in the aggregate for a motor vehicle related injury; expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any other high school or association sports accident policy is expressly excluded from coverage under the Policy; the existence or aggravation of a physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin; conditions or the aggravation of conditions that originated prior to the Policy effective date; treatment expense for plastic, cosmetic, reimplantation, transplantation or experimental surgery in excess of \$500.00 in the aggregate; any expense for which there is no benefit listed in the policy schedule of benefits.

**MAXIMUM POLICY LIMITS:** The policy will pay up to \$25,000.00 for covered medical expense for each covered accident subject to the terms and limits of the policy. The policy also provides a \$1,500.00 accidental death benefit and a dismemberment benefit up to \$10,000.00 for double dismemberment or a \$1,000.00 benefit for a single dismemberment, subject to the terms of the policy.

**CLAIM INFORMATION:** In case of claim covered under the Policy, obtain a claim form immediately from either the school or [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) or contact our offices, 407-798-0290. This outline will be the only description of coverage you will receive. Retain this brief description of the plan benefits and record your check number for evidence of payment. The master policy issued to the school contains the actual Policy provisions. This description of coverage is not a contract. If any discrepancy that exists between this description of coverage and the master policy, the master policy language will govern the payment or declination of insurance benefits.

*Summary of Insurance Policy Number: 09-0140-2023.*

RS0100FL

(Seminole FB-2023 BK)

**Save Time Enroll Online! [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) – Online open enrollment will be April – May 8<sup>th</sup> and open again in July-September 9<sup>th</sup>, 2022. Any applications received after September 9th will be returned.**

**If you are enrolling online, you do not need to fill out this application. If you prefer to mail in your premium, please mail the application and your premium to:**

**School Insurance of Florida  
P.O. Box 784268  
Winter Garden, FL. 34778-4268**