



Daviness County Public Schools

1622 Southeastern Parkway
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Owens Saylor
Superintendent

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Board of Education
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www.daviness.kyschools.us
270-852-7000 (phone)
270-852-7030 (fax)

Dear Parent/Guardian:

The Daviness County Board of Education carries athletic insurance coverage which is an excess or secondary coverage policy. This means that any other coverage held by the athlete or his/her family is primary. In the event of a claim, the insurance claim form should be completed immediately by the coach and parent/guardian. The claim form should be sent to the address shown on the form. Parent/Guardian also must first file for benefits under your family/athlete's personal insurance. If you are not fully reimbursed by your primary carrier, the Athletic Plan will reimburse some of the out-of-pocket costs. Simply attach a copy of the primary insurance company's explanation of benefits to a copy of the claim form that was originally filed and mail it to the insurance company listed on the form.

This Athletic Plan has limits on what it will pay for hospital room and board, doctor visits, x-rays, etc. Total medical benefits have a policy limit, however additional coverage may be provided by the catastrophic policy provided by the Kentucky High School Athletic Association.

It is very important that all coaches and parents understand that, because of these limits, the Athletic Plan will not necessarily pay the balance of expenses remaining after the parent/guardian's primary company has paid.

The Athletic Plan is up to a one year policy, with coverage beginning on the first practice day of any sport, and continuing until the earlier of the first practice day of the following year or the first academic school day of the following year.

Information describing this plan is available in the school's athletic office.

Please sign, clip & return to coach

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I understand that the athletic insurance carried by the Daviness County School System is excess or secondary accident/injury coverage. The Board's policy is intended to be a supplement to my own personal insurance, which is primary, should an injury occur. I understand that the Board's athletic coverage will not likely pay 100% of my out-of-pocket expenses should my son/daughter suffer an injury while participating in practice or competition.

Athlete's Name: _____

Sport: _____

Parent's Signature: _____

Date: _____

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OPPORTUNITY
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