

Medical Coverage for Domestic Camps, Field Trips, and Conferences

Coverage has been renewed with American Income Life Insurance Company for this coming Policy Year starting on May 1st. We are happy to report that the premium rates have not changed from last year. As a reminder, benefits and rates are as follows:

\$15,000	Accident Medical Expense
1,000	Accidental Dental Expense
*5,000	Illness Medical Expense
5,000	Loss of Life
7,500	Double Dismemberment/Loss of Sight Both Eyes
3,750	Single Dismemberment/Loss of Sight One Eye
3,000	Specified Diseases

*provided only for those covered activities lasting 24 consecutive hours or more.

Recreational Summer Day Camps/CES/4H	.30 per person per day
Academic & Summer Camps – Resident	.45 per person per day
Field Trips	.45 per person per day
Basketball Camps - WL	1.75 per person per day
Football Camps - WL	1.75 per person per day
All Other Sport Camps - WL	.70 per person per day
Athletic Day Camps – Regional Campus	.40 per person per day

Note: There is a minimum charge of \$4.00 per camp.

The following steps need to be followed to ensure insurance coverage for participants.

- I. Please submit the online Form RM05, available on the Office of Risk Management website at, at <https://www.riskconnectclearsight.com/Enterprise/StormsPackages/Storms.Wrapper/#/> at least 1-2 weeks prior to the event to request the insurance coverage. For each event, please include the dates of coverage, the location of the event, the estimated number of participants, and an **account number** to which the insurance premium should be charged. The **full name of the activity** (also include any acronym that may be used) along with a description of the activity should also be included. If you have a change in the activity once you have requested coverage, please email RiskMgmt@groups.purdue.edu to inform us of that change.

- II. If you already know who the attendees are, please upload a roster with the RM05 at the time of submission. If you do not have the list at that time, please email it to RiskMgmt@groups.purdue.edu **no later than 3 days after the start of each event.** The list needs to include participants' full names & their e- mail addresses. If emailing the list, please include the name & dates of the event, so we can get it attached to the correct insurance request. Make sure that the list contains only the names of persons who are to be insured; otherwise we cannot accept responsibility if you are overcharged. (NOTE: The premium charged to your account is based on this list.) **DO NOT** include paid employees, as they would be covered under work-comp if they get injured during the event.

Late submission of your rosters and claim forms causes delay in claim payments, premium payments and billings to your account – so your cooperation in providing this information early will benefit everyone.

We continue to emphasize the importance of submitting claim forms as soon as possible since bills are often submitted before the claim form is received. In addition, **it is very important that American Income Life receives the claim forms** since this insurance coverage is primary. It is conceivable that your department could be responsible for any medical bills that are unable to be processed due to not receiving a completed claim form. We hope this would not happen, but everyone involved in the process **has to** be responsible for their portion of the claim process. This is a good example of a situation that could cause a parent to file a lawsuit against the University, which is one reason why we offer this insurance – to offset lawsuits – and we have been successful in doing that over the years. Please continue to inform your staff of the claim procedures and the importance of submitting claim forms and let us know if we can help in the process.

PLEASE REMEMBER:

- This coverage is **primary**.
- Submit final counts no later than 3 days after the start of each activity – include e-mail addresses for participants.
- Billing to your accounts will occur monthly, early submission of final counts help us accomplish this.
- Provide one account number only for each program.
- Make sure that the claim forms are **signed** by the Camp Counselor or Camp Administrator and submitted directly to American Income Life. Also – be sure the name of the camp is included on the form. CLAIMS CANNOT BE PROCESSED WITHOUT THESE TWO ITEMS.
- Be sure the name of the camp is provided to the treating facility at the time of treatment.
- Do not send claim forms to PUSH or other treating facility – send them immediately to American Income Life.

* Please distribute this memo to the appropriate staff in your respective areas – we will be happy to answer any questions that you may have. Please contact RiskMgmt@groups.purdue.edu for assistance. *

CLAIM PROCEDURES

FOR

DOMESTIC CAMPS, FIELD TRIPS, AND CONFERENCES

I. Treatment for Injury/Illness

Please arrange for the appropriate medical treatment for the participant. If necessary, arrange for transportation by ambulance.

Take camper's medical authorization and medical history forms with you to the treating facility.

II. Claim Form

A claim form needs to be completed for each participant who receives medical attention. The form **has to** be signed by the Counselor or Camp Administrator. Please be sure to include the participant's home mailing address.

The claim form and any bills should be sent directly to American Income Life at claimssrd@aile.com via Filelocker or fax (317-849-2793). Personal health information should not be emailed.

III. Bills for Medical Treatment

Please request that the treating facility forward an itemized statement of charges directly to American Income Life and list the name of the activity on the bill. Please give the facility the name of the camp/conference.

If further treatment is required after the participant returns home, the parents should forward bills directly to American Income Life for processing.

**It will be up to the Dept/Student/Parents to submit claims to American Income Life.
The Office of Risk Management does not process claims.**