

MEMO



OFFICE OF RISK MANAGEMENT
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FROM: Mark W. Kebert
DATE: May 1, 2022
RE: Medical Coverage for Camps, Field Trips, and Conferences Participants

Coverage has been renewed with American Income Life Insurance Company for the 5/01/22 - 4/30/23 policy year. 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	.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 assure coverage for participants.

- I. Forward to the Office of Risk Management a listing of events for which you will need coverage during the period May 1, 2022 – April 30, 2023. Form RM05, available on our website at http://www.purdue.edu/business/risk_mgmt/forms should be used to request coverage. For each activity, please indicate the dates of coverage, estimated number of participants and account number to which premiums 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 be included. If you have a change in the activity once you have requested coverage, please remember to contact the Office of Risk Management to inform us of that change.

- II. Please submit to Risk Management (**no later than 3 days after the start of each activity**) a complete list of participants, their e-mail addresses and dates for that activity. Please be sure your lists contain 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.)

Late submission of your lists 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 to us before we receive the claim form. In addition, **it is very important that we receive these 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 us 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:

- Our coverage is **primary**.
- Submit final counts 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.
- Be sure claim forms are **signed** by the Camp Counselor or Camp Administrator and submitted to the Office of Risk Management. Also – be sure the name of the camp is included. 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 the Office of Risk Management.

Please distribute this memo to the appropriate staff in your respective areas – we will be happy to answer any questions you may have or do a workshop on claim procedures for any areas that are interested. Please call Lois High at 765-494-7695 for assistance.

CLAIM PROCEDURES

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 address. The claim form should be sent to Lois High in the Office of Risk Management immediately via Filelocker or Fax.

III. Bills for Medical Treatment

Please request that the treating facility forward an itemized statement of charges to the Office of Risk Management 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 the Office of Risk Management.

NOTE: The insurance carrier will not pay any bills which are not forwarded to them by the Office of Risk Management.