

# WEST MORRIS REGIONAL HIGH SCHOOL DISTRICT

ADMINISTRATION BUILDING • 10 SOUTH FOUR BRIDGES ROAD  
CHESTER, NEW JERSEY 07930 • 908-879-6404 Fax: 908-879-8861

August, 2016

L. DOUGLAS PECHANEC  
BUSINESS ADMINISTRATOR / BOARD SECRETARY

Dear Parent/Guardian:

The West Morris Regional High School District has purchased insurance coverage to protect all interscholastic athletes against accidental injury during all school sponsored and supervised games/practices, whether at the school or away. This coverage is provided by Arch Insurance Company, and is **only for injuries incurred and directly related to these activities, it does NOT cover any other injury.**

This insurance plan is **Excess** coverage: i.e. you must submit all bills to your own insurance first, and the school policy will pick up the unpaid balances, up to the limits of the policy.

Although this coverage is very broad, there are restrictions, limitations, and exclusions in this policy. In some situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the schools. Some of the important benefits and limitations of the plan are:

1. Treatment must commence within 90 days of the date of injury, or there is no coverage.
2. A \$500.00 deductible applies to each covered accident and includes covered expenses paid under another Health Care Plan.
3. Benefits are paid @ Reasonable & Customary up to the policy limits with the exception of the following services which are subject to limits: Outpatient Physical Therapy, Durable Medical Equipment, Dental Expenses and Replacement of Eyeglasses, if medical treatment is also received for the covered injury.
4. Benefits are payable for up to 3 years from the date of injury.

All injuries should be **immediately** reported to your son/daughter's coach **and** the school nurse. Claim forms will be provided by the school nurse, but it is the parents' responsibility to:

1. Submit the claim form with Part 1-B filled out completely (any omissions will delay the processing of the claim).
2. Submit all itemized bills (monthly statements will not do).
3. Submit the statement (EOB-Explanation Of Benefits) received from your own insurance company showing amounts paid and balances due, or, a letter of denial stating the claim is not covered. One of these letters is required for any payments to be made.

If you have no other medical insurance, you will receive a letter from the company requesting employer information. Fill this out and return it to the company immediately and the claim will be processed. Failure to return this letter will result in a delay or denial of the claim.

It is your responsibility, and to your benefit, to submit the necessary papers as soon as possible, as the claim cannot be paid until all papers are submitted. Only one claim form per accident is required.

All claim forms, bills, and the letters from other insurance companies are to be forwarded to, and questions regarding the coverage answered by:

BOB McCLOSKEY INSURANCE, P.O. BOX 511, MATAWAN, NJ 07747 ~ 800-445-3126

Interested parents/guardians may also purchase Accident Insurance Protection for Students on a voluntary basis. Voluntary coverage does NOT cover interscholastic sports. Visit [www.bobmcclloskey.com](http://www.bobmcclloskey.com) or call 800-445-3126, for additional information and application forms.

Sincerely,



L. Douglas Pechanec

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## PLEASE SIGN BELOW AND RETURN

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I hereby acknowledge that I am aware of the type of coverage, benefits, and exclusions of the 2016-2017 school insurance program, and my responsibilities regarding the insurance program.

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Child's Name (please print)

Grade

School

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Parent's Signature

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Date

# Accident Insurance Protection for Students

**Parents and Guardians: Do you have adequate insurance coverage for your child in the event of an unforeseen accident?**



**Bob McCloskey Insurance has got you covered!**

Depending on which program your child's school offers, you may be able to purchase one or more of the following insurance products on a voluntary basis...

- ✓ \$500,000 At School Student Accident Coverage
- ✓ \$500,000 Around the Clock - 24 Hour Accident Coverage
- ✓ \$50,000 Student Accident Dental Coverage

...with relative ease from any computer or iPad via the following online address:

**[www.bobmccloskey.com](http://www.bobmccloskey.com)**

Just follow the instructions and you can accomplish the process in minutes. And, should you have any questions, you can call

**1-800-445-3126**

and a representative will be happy to assist you with the process or any questions.

**Bob McCloskey Insurance**  
**P.O. Box 511 Matawan, NJ 07747**  
**[www.bobmccloskey.com](http://www.bobmccloskey.com)**



**Got You  
Covered**