

SAMPLE MEMORANDUM TO STUDENT-ATHLETES AND PARENTS
(to inform them as to accident medical insurance provided by institution)

Date

TO: XYZ University Student-Athletes and Their Parents.

FROM: Mr. John Doe
Director of Athletics.

SUBJECT: Insurance for the Upcoming Academic Year.

XYZ University provides accident medical coverage for student-athletes for athletically-related injuries. However, coverage is subject to specific policy terms and conditions and includes certain restrictions and exclusions of which you should be aware. For further information about the insurance coverage provided through XYZ University, please [see web site or contact ____] for a [detailed benefit summary, complete copy of policy]. Please note that XYZ University assumes no responsibility whatsoever for any uninsured expenses, and we strongly recommend that the student have coverage through a primary health insurer to avoid possible, significant out-of-pocket expenses in the event of an injury. *(We recommend inserting information here as well as to the deductible and/or co-pay provisions in your policy and whether or not the institution will cover those, or if the student-athletes/parents are responsible for them).*

Please also note that the NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a significant deductible and is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's web-site at www.ncaa.org.

If you have any questions regarding this requirement, please contact me at 111/111-1111.