

UNIVERSITY OF KENTUCKY

**Excess Accident Medical Insurance
Camps/Conferences/Field Trips**

**Insurance
Coverage**

The annual Master Policy renewal occurs on January 1. This insurance coverage applies on an **excess** basis only. The participant's personal health insurance policy will primarily cover accident and sickness claims. This **excess** accident medical policy will cover any out-of-pocket expense not paid by the participant's personal health insurance up to the limits of the policy (see Coverage Benefits table below). This includes payment of the deductible and coinsurance amounts if applied under the participant's personal health insurance policy. For accidents, the first expense must be incurred within 180 days of the accident.

If the participant does not have personal health insurance coverage, this **excess** accident medical insurance policy will pay first dollar, up to the limits of this policy.

This policy does not cover pre-existing conditions. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

**Coverage
Benefits & Limits**

Accident Medical Expense (Excess)	\$50,000 Benefit Maximum
Benefit Period	2 years (from date of covered accident)
Deductible	\$0
Accident Dental Services (Excess)	Included
Emergency Room	Included
Physician Services	Included
Emergency Sickness (Excess)	\$500 Benefit Maximum
AD&D and Paralysis	\$25,000 Principal Sum
Benefit Period	One Year (from date of covered accident)

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the University of Kentucky, or anyone they may designate, to have my son/daughter treated for injuries or illnesses they incur during a designated camp, conference, or field trip activity at the University of Kentucky.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give the University of Kentucky, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the University of Kentucky's Camps/ Conference/Field Trip Policy. I also understand that the University of Kentucky insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

_____ Date _____ Name of participant _____ Signature (Parent or Guardian if claimant is a minor)

Emergency Contact (If other than parent)

Name: _____ Relationship: _____

Phone Number: (home) _____ (work) _____