

Office of the Chief Operating Officer
Interscholastic Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

May 15, 2014

IMPORTANT NOTICE TO PARENTS ABOUT FOOTBALL INSURANCE COVERAGE

Dear Parents/Guardians:

Montgomery County Public Schools (MCPS) does not provide primary insurance coverage for students who participate in the high school interscholastic football program.

Each student desiring to play football must have insurance coverage of some type, either through a parent/guardian's policy or through the special medical coverage outlined in this mailing. Parents who already have coverage through personal or group plans meet the insurance requirement. Students who do not have medical coverage will need to either purchase their own insurance from the company of their choice or purchase one of the appropriate Football Coverage options described in the enclosed brochure (Low Option \$130, or High Option \$199).

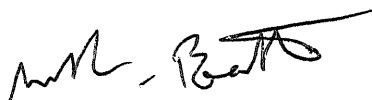
The insurance options described in the enclosed brochure are underwritten by Nationwide Life Insurance Company and are serviced by K&K Insurance Group. Parents/Guardians may contact K&K Insurance Group with questions, or to obtain coverage, at 855-742-3135, or at the following website: www.studentinsurance-kk.com.

Please note that the football insurance described in the enclosed brochure is primarily designed to supplement an existing health insurance policy and has certain coverage limitations. Parents or guardians who currently have insurance coverage may choose to supplement their current coverage by enrolling in one of the options. Parents are responsible for all unpaid medical bills if their child is injured.

Also enclosed is a form for each parent/guardian to verify insurance coverage for their child. The enclosed *2014 Football Insurance Response Form* must be completed and returned to the football coach before your child is allowed to practice.

If you have questions about the required medical coverage, please contact your school's head football coach or athletic director.

Sincerely,



William G. Beattie
Director, Systemwide Athletics

WGB:ecr

Enclosure

2014 MCPS FOOTBALL INSURANCE RESPONSE FORM

Return this form to your child's high school football coach. Do not send any checks, money orders, cash, or football insurance enrollment forms to your child's school. Parents should contact the company directly as indicated in the attached brochure.

I understand personal health insurance is required for my child to participate in the Montgomery County Public Schools (MCPS) high school interscholastic football program. MCPS does not provide insurance coverage for participants. Please respond as requested below, and return this form to your child's football coach prior to participating.

_____ I have medical insurance coverage and I do not wish to purchase supplemental football insurance coverage

Name of Ins. Co. _____ **Policy No.** _____

_____ I did not previously have insurance but I have purchased insurance through the Nationwide Life Insurance Company. I purchased this insurance on (date): _____.

_____ I have insurance and intend to purchase football insurance to supplement my primary coverage.

I understand that the Nationwide Life Insurance Company Football Coverage option is designed primarily to supplement an existing health insurance policy and has certain coverage limitations. My child participates at his or her own risk and I attest that I will be responsible for all unpaid medical bills not covered by any insurance policies.

Parent/Guardian Signature _____ Date _____
(Note: When parents are divorced and have legal joint custody, both parents must sign)

Student's Name _____ School _____

****DO NOT WRITE BELOW THIS LINE**OFFICIAL SCHOOL USE ONLY****

Name of Student _____ Grade _____

School _____

Date received at school _____ Received By _____
(Name of School Official)