



Group Basic Accident Medical Program Quotation Request Form

NAME OF INSTITUTION	ASSOCIATION/DIVISION	
ADDRESS		
CITY	STATE	ZIP
NAME	TITLE	
PHONE	FAX	
EMAIL		

PART A – COVERED PARTICIPANTS

SPORTS	MEN	WOMEN	SPORTS	MEN	WOMEN
Badminton			Rodeo		
Band			Rowing/Crew		
Baseball			Rugby		
Basketball			Sailing		
Beach Volleyball			Skiing		
Bowling			Soccer		
Cheerleading (Competitive)			Softball		
Cheerleading (Non-Competitive)			Student Coaches		
Cross Country Running			Student Managers		
Cross Country Skiing			Student Trainers		
Dance Team			Swimming/Diving		
Drill Team			Tennis		
eSports			Track & Field (Indoor)		
Equestrian			Track & Field (Outdoor)		
Fencing			Volleyball		
Field Hockey			Water Skiing		
Football (Fall)			Water Polo		
Football (Spring)			Weight Lifting		
Golf			Wrestling		
Gymnastics			Other (list below)		
Ice Hockey					
Lacrosse					
Mascots					
Riflery					

TOTALS			
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PART B – PREVIOUS INSURANCE INFORMATION

BENEFITS	4 YEARS PREVIOUS	3 YEARS PREVIOUS	2 YEARS PREVIOUS	1 YEAR PREVIOUS	CURRENT YEAR
Medical Maximum Limit					
Excess or Primary					
Per Injury Deductible					
Per Injury Deductible type (Reducing or Corridor)					
Aggregate Deductible Attachment (if applicable)					
Benefit Period (weeks)					
Accidental Death & Dismemberment Benefit					
Coverage for overuse injuries/conditions (Y/N)					
Coverage for HMO/PPO denials (Y/N)					
Coverage for re-injury/re-aggravation (Y/N)					
Coverage for Heart & Circulatory (Y/N)					
Insurance Carrier					
PREMIUM					
CLAIMS HISTORY **					
Total Amount of Claims Paid					
As of _____ (mm/dd/yyyy)					

**** PLEASE ATTACH CARRIER LOSS REPORTS FOR ALL YEARS DATED NO EARLIER THAN 3/1 OF THE CURRENT YEAR**

Does your institution have formal written agreements in place with preferred medical providers? Yes No

Is primary insurance required as a condition of participation? Yes No

PART C – OPTIONS

DEDUCTIBLE

\$0 \$250 \$500 \$1,000 \$1,500 \$2,500 \$5,000 Other _____

MAXIMUM BENEFIT

\$25,000 \$35,000 \$90,000 Other _____

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Included \$10,000 \$15,000 Other _____

RIDERS

Coverage for overuse injuries/conditions: Yes No

Coverage for HMO/PPO denials: Yes No

Coverage for re-injury/re-aggravation: Yes No

Coverage for heart & circulatory (AD&D): Yes No

Would you like to see an additional quote for:

Expanded cheerleading coverage? Yes No

Deductible administration or aggregate plan? Yes No

QUOTE NEEDED BY: _____

Please return this completed form to the office of your choice listed below:

Overland Park
 Janice Briggs
 Relation Education Solutions
 9225 Indian Creek Parkway, Suite 700
 Overland Park, Kansas 66210
 Phone (800) 955-1991, ext. 5614 / Fax (913) 214-9137

Salt Lake City
 Carol Malouf
 Relation Education Solutions
 2180 South 1300 East
 Salt Lake City, Utah 84106
 Phone (801) 412-2622 / Fax (801) 412-2622