



## 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					

<b>TOTALS</b>			
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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					
<b>PREMIUM</b>					
<b>CLAIMS HISTORY **</b>					
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