



To: Athletes and Parents of CCSU Athletes
 From: Kathy Pirog, Head Athletic Trainer
 Subject: Insurance Information for the 2019-20 Academic Year
 Date: 2019

All Central Connecticut State University (CCSU) student-athletes must provide evidence of primary insurance coverage that includes coverage for athletic-related injuries. To that end, you must complete and return the enclosed **“Emergency Contact & Student Athlete Insurance Information” form** along with a **photocopy of both sides of the student athlete’s primary insurance card**. This information form is used by the sports medicine department should you /your son/daughter be injured or ill while at CCSU. No student-athlete will be allowed to participate in conditioning workouts, practices, and/or competition until the completed form is on file. **All student-athletes must submit this form annually.**

Each student-athlete is responsible for carrying his or her own primary insurance policy. This insurance policy is mandatory and will be the first line of coverage for all athletic-related injuries. Many student-athletes and their parents believe that the University provides primary insurance coverage for student-athletes while participating in sports and this is not the case. CCSU will assume no responsibility whatsoever for the payment of, or authorization to pay medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Central Connecticut State University. Any co-pays or deductibles are the responsibility of the student-athlete. The chart below summarizes the current Insurance coverage for student-athletes.

Order of coverage	Type of Insurance	How Insurance is Purchased	Policy Deductible	Max Payable	Insurance Carrier
1 st line of coverage	Student’s Primary Insurance	Student must have his/her own health insurance coverage.	Varies	Varies	Varies
2 nd line of coverage	Student’s Accident Insurance	Student is automatically enrolled when they pay their full-time tuition and fees	Must submit to primary insurance first	\$100,000	Aetna Student Health
3 rd line of coverage	NCAA Catastrophic Insurance	The NCAA provides this supplemental insurance to student-athletes	\$90,000	\$20,000,000	See ncaa.org

Frequently Asked Questions Regarding “Emergency Contact & Student Athlete Insurance Information”

Q: I remember filling out this form last year, do I need to fill it out again even if the information is the same?

A: Yes, the *“Emergency Contact & Student Athlete Insurance Information”* form must be filled out annually even if the information is the same.

Q: Can I fax or email the “Emergency Contact & Student Athlete Insurance Information” form?

A: No, original signatures are needed and faxes do not reproduce well, therefore the sports medicine department **does not** accept insurance information sheets via fax or email.

Q: Where should I send the “Emergency Contact & Student Athlete Insurance Information form” and/or can I mail/fax it to the coach.

A: Please mail the original form to: Kathy Pirog, Athletic Training, Central Connecticut State University, 1615 Stanley Street, New Britain, CT 06050 and please **do not** send the form to the coach or Health Services. The form is created for and maintained by the Sports Medicine Department (Athletic Training).

Q: My son/daughter turns 21 years old, will I be able to keep them on my insurance plan.

A: DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics. Most employers' group insurance allows dependent coverage to be continued to age 26, if the dependent is a full-time student.

Q: I live out of state (CT), will my personal insurance provide coverage while attending college in Connecticut?

A: If necessary please remember to apply for "OUT-OF NETWORK COVERAGE" with your insurance company for your son/daughter while they are enrolled in college in Connecticut.

Q: What should I do if my parent's lose insurance coverage for me?

A: If the parent carrying the primary insurance has a change in job status and insurance plan, the student-athlete's insurance **MUST** be maintained by the student. The university's sickness insurance plan can be purchased at anytime should you lose your primary insurance coverage. <http://www.aetnastudenthealth.com>

Q: Is dental coverage included?

A: Dental coverage as a result of an athletic injury (tooth knocked out or fractured) has limited coverage. **No insurance coverage** is provided for dental work i.e. fillings, extractions. Dental insurance can be purchased at an additional fee through the university's insurance program. <http://www.aetnastudenthealth.com>

Q: Does CCSU's Athletic Department pay medical bills or file insurance claims on behalf of your son or daughter?

A: The CCSU Athletic Department **does not** pay medical bills or file insurance claims on behalf of your son or daughter. Medical bills mailed directly to the student-athlete from a health care provider must not be ignored. Submit your accident (injury) claim to your primary insurance provider before submitting to the "Student Accident Insurance" policy. For specific benefits of the "Student Accident" policy please go to: <http://www.aetnastudenthealth.com>



Directions for Filling Out the “Emergency Contact & Student Athlete Insurance Information” Form

- **A new form must be filled out annually.** Please answer all questions – do not leave anything blank. Incomplete forms will be returned.
- You must provide your parents name
 - If a parent is deceased please write in “**deceased**”.
 - If you have no contact with a parent please write in “**no contact**”.
- **Emergency Contact:** Designate by placing a check in the box indicating which parent should be contacted in the event of an emergency. You may check both.

Athletic Insurance Mandatory Information: Each student-athlete is responsible for carrying his or her own **primary insurance policy**. This insurance policy is mandatory and will be the first line of coverage for all athletic-related injuries.

- **A copy of both sides of your personal insurance card (valid) is required with your information form.**
- If you have a primary care physician (PCP) – you must provide your physician’s name and phone number.
- **If you have elected to purchase and/or renew your insurance through the university’s insurance program – new cards will be mailed directly to you. Please DO NOT ATTACH CARD FROM PREVIOUS ACADEMIC YEAR! Insurance Coverage is August 1st through July 31st annually.**
- Should your insurance company change, please call to request a new form.
- **Please remember to date and sign the form.**
- **Please DO NOT Mail Or Fax Emergency Contact/Insurance Information Forms To Your Coach Or Health Services. Coaches should not request or be provided with copies of your personal health information.**
- **Return this form directly to:**

Kathy Pirog, ATC
Athletic Training
Kaiser Hall
Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050

**Athletic Training – Kaiser Hall
Phone: 860-832-3086**

**CENTRAL CONNECTICUT STATE UNIVERSITY
EMERGENCY CONTACT AND STUDENT-ATHLETE'S INSURANCE INFORMATION FOR 2019-20**

Eligibility for athletic participation requires that the following information and authorization be **FULLY COMPLETED, SIGNED and on FILE** in the Sports Medicine Department **PRIOR** to participation in Central Connecticut State University's athletics program.

Student- Athlete's Name: _____ Date of Birth: _____ Sport: _____
 CCSU ID #: _____ Cell Phone: (_____) _____
 CCSU Email: _____ Personal Email: _____
 Home Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

Father/Guardian's Name: Required Information	Mother/Guardian's Name: Required Information
Home Address (If different than above)	Home Address (If different than above)
City State Zip	City State Zip
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
Check Emergency Contact: <input type="checkbox"/> Father	Check Emergency Contact: <input type="checkbox"/> Mother

Mandatory Insurance Information: Each student-athlete is responsible for carrying his or her own **primary insurance policy**. This insurance policy is mandatory and will be the first line of coverage for all athletic-related injuries. **Please fill out all requested information below:**

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____
 Policy Holder's Employer: _____ Relationship to Student- Athlete: _____
 ___ YES ___ NO Does Your Insurance Company Require "Referrals for Service"? **
 **Name of Primary Care Physician _____ Phone Number (_____) _____
 ___ YES ___ NO Do you have Dental Insurance?

I acknowledge that I am covered under a parent's/guardian or through my personal group insurance policy. I hereby authorize a claim to be filed on the insurance medical policy listed above in the event an athletic injury. I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A copy of this authorization shall be considered as effective and valid as the original. **I understand and agree that CCSU will assume no responsibility for payment of, or authorization to pay, medical expenses resulting in injuries/illnesses that occur while participating in intercollegiate athletics at CCSU.**

Signature of parent/guardian or student-athlete over 18 years: _____ DATE: _____

Place Copy of Front of Insurance Card Here

Place Copy of Back of Insurance Card Here

Mail Form to:
 Kathy Pirog, Athletic Training, Kaiser Hall, Central CT State University, 1615 Stanley Street, New Britain, CT 06500

PLEASE DO NOT FAX



IMPORTANT NOTICE TO STUDENT-ATHLETES REGARDING PRESCRIBED STIMULANTS FOR ADD/ADHD

April 2019

Dear Student-Athlete,

The NCAA list of banned drug classes is composed of substances that are generally reported to be performance enhancing. The NCAA bans performance enhancing drugs to protect student-athlete health and safety and ensure a level playing field, and it also recognizes that some of these substances may be legitimately used as medications to treat student-athletes with learning disabilities and other medical conditions. Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The benefit of a medical exception procedure is that in most cases the student-athlete’s eligibility remains intact during the process.

ADHD – Attention Deficit/Hyperactivity Disorder is one of the most common neurobehavioral disorders of childhood and can persist through adolescence and into adulthood. ADHD is generally diagnosed in childhood, but sometimes not until college or later. The most common medications used to treat ADHD are methylphenidate (Ritalin) and amphetamine (Adderall), which are banned under the NCAA class of stimulants. In order for a medical exception to be granted for the use of these stimulant medications, the student-athlete must show that he or she has undergone standard assessment to identify ADHD. Frequently a student-athlete may find that the demands of college present difficult learning challenges. They may realize that some of their teammates are benefitting from the use of these medications, and figure they should ask their team physician or family doctor to prescribe the same for them. **If they do not undergo a standard assessment to diagnose ADHD, they have not met the requirements for an NCAA medical exception.**

In accordance to NCAA Banned Drugs and Medical Exception Policy you are required to provide adequate documentation of any stimulant medications for proper medical exemption. At this time, we are requesting all athletes to acknowledge an understanding of the NCAA Banned Drugs and Medical Exception Policy. **If you check the YES in box below, we will mail you the appropriate documents for your physician to complete.**

Forms should be mailed to:

Kathy Pirog, ATC Head Athletic Trainer, Central Connecticut State University, 1615 Stanley Street New Britain, CT 06050

Athletes’ Name: _____ Sport: _____

Athlete’s Signature: _____ Date: _____

YES, I have been diagnosed with ADD/ADHD and have been prescribed stimulant medications. Please send me the appropriate medical exception forms to be completed by my physician.

Email: _____

Home Address: _____

NO, I have not been diagnosed with ADD/ADHD and DO NOT take prescribed stimulant medication. I understand that I must document current and future use of prescribed medications, including banned substances to CCSU’s Athletic Training Department.