



Prospective Student Athletics Participant Accident Insurance Program February 1, 2014 – February 1, 2015

Insurer: ACE USA Accident & Health
Policy No.: PTPN04963775
Insurance Company: ACE American Insurance Company
Covered Name Entity: California State University Risk Management Authority (CSURMA)

Covered Members:

1. California State University, Bakersfield
2. California State University, Chico
3. California State University, Dominguez Hills
4. California State University, East Bay
5. California State University, Fresno
6. California State University, Fullerton
7. Humboldt State University
8. California State University, Long Beach
9. California State University, Los Angeles
10. California Maritime Academy
11. California State University, Monterey Bay
12. California State University, Northridge
13. California State Polytechnic University, Pomona
14. California State University, Sacramento
15. California State University, San Bernardino
16. San Diego State University
17. San Francisco State University
18. San Jose State University
19. California Polytechnic State University, San Luis Obispo
20. California State University, San Marcos
21. Sonoma State University
22. California State University, Stanislaus

Coverage Parties: All prospective student athletes ages 14 to 25 participating in Basketball tryouts sponsored and supervised by the Policyholder at one of any of the above referenced named campuses.

Covered Activities: Sponsored Activities Not including travel to and from home

Scope of Coverage: Provides Travel Accident benefits to all athletes participating in sports including off season conditioning. Travel to and from a sponsored game (including play or practice and off season physical conditioning) as part of a group in transportation arranged by the policyholder

While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.



Limits / Sub-limit / Deductible:

\$10,000 Accidental Death & Dismemberment
\$1,000,000 Benefit Maximum per Covered Accident
\$0 Deductible

Maximum Benefit

Period: 104 weeks

Incurred Period: 60 days from the date of the covered accident

Exclusion (Major but not limited too):

- Intentionally self-inflicted injury
- Suicide or attempted suicide
- War or any act of war, whether declared or not
- A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
- Piloting or serving as a crewmember in any aircraft (except as provided by the Policy)
- Commission of, or attempt to commit, a felony
- The covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
- Injury covered by workers' compensation, employers'; liability laws, or similar occupational benefits
- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor

Program

Administrator: Alliant Insurance Services
100 Pine Street, 11th Floor
San Francisco, CA 94111

Rob Leong: (415) 403-1441 / rleong@alliant.com
Stacey Weeks: (415) 403-1448 / sweeks@alliant.com

Claims

Administrator: Health Special Risk, Inc. (HSR)

Claims Reporting:

Health Special Risk, Inc. (HSR)
4100 Medical Parkway
Carrollton, TX 75007
Phone: (972) 512-5600 Fax: (972) 512-5820
Email: ACEClaims@hsri.com
(see attached Claim Form)

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How to file a Participant Accident Claim

Did you know that missing one item on your claim could delay payment? You can help us speed up the claim process by properly completing and mailing required information. The following guidelines will help you in filling out the forms and gathering information:

- The Policyholder, must complete, date, and sign **PART I** of the claim form
- It is mandatory for the claimant, parent or guardian to complete **PART II**, including ALL other insurance information in full detail. Please note that **signatures are required of the claimant, parent or guardian.**
- Eligible expenses will be paid only if they are in excess of other valid and collectible insurance or medical payment plan. If the claimant is covered by any other health insurance or medical payment plan, they must **first submit claim to the primary insurance.** After the primary insurance has paid benefits, then submit this claim form along with all EOB's (Explanation of Benefits) from the primary insurance. If the claimant has no other insurance submit claim form along with itemized medical bills.
- **Attach all medical bills. All submitted medical bills must be itemized for service. A balance due statement is not acceptable and will only delay processing.** A physician's office should submit an invoice per CMS 1500. A hospital and/or emergency room should submit an invoice per UB04. CMS 1500 and UB04 are universal billing forms supplied by the physician's office and/or hospital.
- You should **make copies** of the completed claim form and all itemized bills that are involved in the claim and **KEEP THEM FOR YOUR RECORDS.**
- In the event that a claim is not submitted in full or if additional information is needed, the claim will be pended and the additional information will be requested by HSR. Please forward the requested information immediately so that the claim can be adjudicated in a swift manner. The Explanation of Benefits (information request) will be sent to the address of the injured person listed on the claim form in Part (I).



CLAIM SUBMISSION CHECKLIST

Use the checklist below to assure a properly submitted medical claim is to be sent.

If the injured person has primary health insurance has the claim been submitted first to the primary health insurance company? _____

If the claim has first been submitted to the primary health insurance company, are copies of EOB's (Explanation of Benefits) attached? _____

Is Part (I) of the claim form completed by the Policyholder official or staff member and signed? _____

Is part (II) of the claim form completed by the injured person and signed? _____

Are the attached medical bills in either a CMS 1500 or UB04 form? _____

Is part (I), item number 4 (social security number) completed? _____

Are the attached medical bills in either a CMS 1500 or UB04 form? _____

When the claim form is completed in full, mail the completed claim form, itemized bills and copies of EOB's (Explanation of Benefits) to:

**Health Special Risk
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007-1517
Phone: (972) 512-5600
Fax: (972) 512-5820
Toll Free: (866) 523-3186**

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