



Estill County High School

397 Engineer Road
Irvine, Kentucky 40336

Josh Yost
Principal

Laura Wilson
Assistant Principal

Lauren Rader/Callie Rogers
Guidance Counselor

Austin Moore
District Athletic Director

Ruth Hughes
High School Athletic Director

Dear Athletic Parent:

The Estill County Board of Education is pleased to provide to all students a supplemental insurance policy to assist the family pay medical bills in case of an injury to one of our athletes. **But, this is a secondary insurance policy only, which will help with bills after the family has filed on their own insurance plan.** If the family has no health insurance on their child, this policy will pay part or all medical bills.

Basic Procedures to Follow:

In case of an injury, a claim form must be completed by both someone at the school with knowledge of the incident and a parent/guardian of the athlete. The parent/guardian is then responsible for forwarding the complete claim form to K&K Insurance at the address listed within 30 days of the accident. The school will also assist in faxing the form for you! Additional required documentation, including the itemized bills from each provider and a copy of the Explanation of Benefits from the parent's primary insurance will also be needed by K&K to process the claim.

Any questions or concerns after that time need to be directed to the claims agent assigned to your case by K&K Insurance.

The Estill County Board of Education or Estill County Board of Education employees are not responsible for the collection of insurance payments or the payment of any medical expenses incurred because of the injury to the student.

Sincerely,
Estill County Schools

Student/Athlete Accident Insurance Signature Form

We have read and understand the Estill County Schools letter of explanation concerning Student/Athlete Accidental Insurance and the corresponding limits and procedures. We understand that all medical expenses resulted from injury during athletic events or practices are the responsibility of the parent or legal guardian. We understand by signing this acknowledgement of receipt form that we agree to the bounds by the terms and conditions contained in the Estill County Board of Education Student Accident Insurance Policy.

Student Name: _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____