

## LEVELLAND ISD STUDENT INSURANCE IMPORTANT INFORMATION

Levelland ISD provides accident-only insurance for its students through Texas Kids First. *The insurance provided by the school district covers UIL Sports & Activities including Vocational classes, FFA, weightlifting, off-season conditioning, and other activities defined in the policy. Coverage does not cover normal classroom activities, intramural activities or Physical Education classes.*

*This insurance is accident-only and supplemental to all other insurance.* The insurance is not intended to provide or replace individual, family or group healthcare insurance coverage. All insurance policies have limits of how much they will pay. This insurance is no different. It is a limited accident-only policy and it may not cover all medical payments for your child.

The district policy pays for covered charges incurred within 52 weeks from the date of an injury and filed within 90 day from the date of service. *Any bills not paid by insurance will be the parent and/or guardian's responsibility.*

Regardless of whether you have personal insurance or not, treatment by a licensed doctor must occur within 90 days from the date of injury.

- If your child has insurance (personal, Medicaid, or other medical coverage), then you must comply with the provisions of your child's insurance.
  - File all bills with your child's insurance first.
  - Submit copies of all Explanations of Benefits (EOB) to the district claim administrator as you receive them.
  - Leave a copy of a completed district claim form with each provider.
  - Request each provider submit copies of all UB92 or HCFA 1500 forms for their services to the district claim administrator. (Address indicated on claim form.)
- If your child has no insurance (personal, Medicaid, or other medical coverage), then
  - Leave a copy of a completed district claim form with each provider.
  - Request each provider submit copies of all UB92 or HCFA 1500 forms for their services to the district claim administrator. (Address indicated on claim form.)  
Parent/guardian must follow up with each provider to make certain bills are submitted on time.

Be sure to include the following information with all documents/forms submitted to the claim administrator:

- 1) The name of the school district.
- 2) The name of the school.
- 3) The name of the injured student.
- 4) The date of the accident.

**Filing of a fully completed and signed claim form by the district and parent/guardian must also occur within the 90 days of the injury. It is the parent/guardian's responsibility to file the claim form and to follow up with each provider to make certain all bills for provider services are sent to:**

Universal Fidelity Life Insurance Company  
P.O. Box 304  
Duncan, OK 73534-0304  
Or

Claim forms may be scanned and sent electronically to [SAclaims@uflic.com](mailto:SAclaims@uflic.com) to expedite payment of the claim as bills are submitted.

Keep in mind that failure to submit a completed and signed claim form is the most frequent reason why claim payments are delayed.

Benefits will be paid for injuries sustained by and insured while actually engaged, as an official representative of the policyholder, in the play or practice of Interscholastic Athletics and Activities under the supervision of a regularly employed coach or trainer of the policyholder. Each insured will be covered for an injury, which occurs while the insured is.

- On the School premises, and away from the School premises if participating in or attending any School-Sponsored Activity;
- Traveling directly, uninterruptedly and under the direct supervision of a qualified adult School authority to or from a School-Sponsored Activity in a designated vehicle furnished by the school; or when traveling by other than a designated vehicle provided by the School, covered travel time shall not exceed one hour each way. This includes traveling to and from the Insured's home, School, or a School-Sponsored Activity.
- The covered travel time includes the period before the Insured's required attendance time and the period after the Insured's dismissal or when he/she competes.

### **ATTENTION PARENTS**

TEXAS KIDS FIRST provides affordable accident-only insurance and life insurance to Texas schools and school age children, all Levelland ISD students are offered this supplemental insurance coverage.

Parents can log on to [www.texaskidsfirst.com](http://www.texaskidsfirst.com) to view available plans, or call 1-800-366-8354 with any questions.

LEVELLAND INDEPENDENT SCHOOL DISTRICT

SIGN-OFF FORM FOR

SUPPLEMENTAL/ACCIDENT ONLY INSURANCE COVERAGE AND EXTRACURRICULAR CODE OF CONDUCT

All policies for Levelland I.S.D. are posted on the Levelland I.S.D. website. The policies are in the School Information section. If you need a paper copy of the policies please call the Athletic Office at 806-894-8515 ext. 203 and we will supply you with a copy. The web address is: <http://www.levellandisd.net/>

Please sign this form and return to: Levelland High School  
Athletic Office  
1400 Hickory  
Levelland, TX 79336

**My signature indicates that I am aware of the policies described below and required for my son/daughter to participate in extracurricular activities with the Levelland Independent School District.**

I have read and understand the qualifications and procedures regarding the insurance Levelland I.S.D. provides for the students involved in school sponsored activities.

I have read, understand, and agree to abide by Levelland I.S.D.'s Extracurricular Code of Conduct. I understand that I will be held accountable for the behavior expectations and consequences outlined in the Extracurricular Code of Conduct. I understand that by participating in extracurricular activities, I am a representative of Levelland I.S.D. and a role model to my peers and throughout the community; therefore, the Extracurricular Code of Conduct governs my behavior at all times, and applies both on and off school property. I understand that the behavior expectations of the Extracurricular Code of Conduct are in addition to those included in the Levelland I.S.D. Student Code of Conduct. I understand that violations of the behavior standards of the Extracurricular Code of Conduct that are also violations of the Student Code of Conduct may result in my being disciplined under both the Extracurricular Code of Conduct and the Student Code of Conduct.

**This acknowledgment form is in effect as long as the student is enrolled in Levelland I.S.D. and participates in extracurricular activities.**

\_\_\_\_\_  
**Print Student Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**