

# *Hanover Township Public Schools*

61 Highland Avenue  
Whippany, New Jersey 07981-1399

Vanessa M. Wolsky  
School Business Administrator/ Board Secretary

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September 8, 2020

**SUBJECT: Student/Athletic Accident Insurance, 2020-2021**

Dear Parents:

The Board of Education has purchased accident insurance to protect all students involved in **school-sponsored and supervised activities** including all sports except football. The policy insures accidental injury or death resulting from a covered accident. Coverage is provided by **Berkley Accident and Health Insurance Company** along with catastrophic coverage provided by **United States Fire Insurance Company** and administered by **Bob McCloskey Insurance**.

THIS INSURANCE PLAN IS WRITTEN ON A FULL EXCESS BASIS. WITH FULL EXCESS COVERAGE, ALL BILLS MUST BE SUBMITTED TO THE PARENTS INSURANCE FIRST. ANY UNPAID BALANCES INCLUDING COPAYMENTS ARE THEN SUBMITTED TO BOB MCCLOSKEY INSURANCE FOR PROCESSING AND PAYMENT UP TO THE LIMIT OF THE POLICY.

Although this coverage is very broad, there are restrictions, limitations and exclusions in this policy. In many situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the schools.

If your primary medical coverage is an HMO or similar plan, you must follow their rules for obtaining benefits and use this coverage first or your claim will not be covered under this policy.

## **Claims Instructions**

In case of accident during school or any school-sponsored activity, notify the school immediately. Secure a claim form from the school nurse or you may obtain a claim form online at [www.bobmccloskey.com](http://www.bobmccloskey.com)

The claim form must be submitted within **90 days** from the date of accident.

Treatment must commence within **90 days** from the date of injury.

Please complete the appropriate part on the bottom front portion of the claim form, and attach **itemized** bills showing treatment, dates of treatment and charges. See instructions on reverse side of form before completing.

**FORWARD CLAIM FORM AND ADDITIONAL BILLS TO: Claims Administrator: Bob McCloskey Insurance, P.O. Box 511, Matawan, New Jersey 07747, (800) 445-3126.**

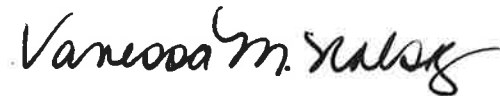
It is the parent's responsibility to complete Part II of the claim form and submit the claim form to Bob McCloskey Insurance. Do **NOT** leave claim form at the hospital or physician's office.

All benefits will be paid directly to the Physicians and Hospitals involved, unless bills are accompanied by paid receipts.

**IF YOU HAVE ANY QUESTIONS, CALL THE CLAIMS ADMINISTRATOR BOB MCCLOSKEY INSURANCE 1-800-445-3126.**

There are Voluntary Participation Student Accident Insurance Plans that can be purchased easily online at: [www.bobmccloskey.com](http://www.bobmccloskey.com)

Very truly yours,



Vanessa M. Wolsky  
School Business Administrator/  
Board Secretary

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Copy: Mr. Michael J. Wasko, Superintendent of Schools