UNIVERSITY OF KENTUCKY

EXCESS INSURANCE FOR CAMPS/CONFERENCES/FIELD TRIPS

Insurance Carrier	CIGNA	
Coverage	Insurance coverage is on an **excess** basis only. The participants' personal health insurance will be primary and provide coverage for accident and sickness. The **excess** policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and coinsurance amounts if applied under the participants' personal policy.) The sickness medical expense will be limited to $500 on an **excess** basis. The benefit period is one year. The first expense must be incurred within 60 days of the accident or sickness. If the participant does not have personal health insurance coverage, this **excess** policy will pay first dollar, up to the limits of the policy. Pre-existing conditions are not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.	
Coverage Benefits & Limits	Accident Medical Expense (**Excess**)	$25,000
	Accident Dental Expense (**Excess**)	Included
	Deductible	Nil
	Sickness Medical Expense (**Excess**)	$500
	Deductible	Nil
	AD&D and Paralysis, Principal Sum	$10,000
	Benefit Period	One Year
	Effective Date	1/1/08
	Expiration Date	12/31/08

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the University of Kentucky, or anyone they may designate, to have my son/daughter treated for injuries or illnesses they incur during a designated camp, conference, or field trip activity at the University of Kentucky.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give the University of Kentucky, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the University of Kentucky's Camps/ Conference/Field Trip Policy. I also understand that the University of Kentucky insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

_____ _____ _____

Date Name of participant Signature (Parent or Guardian if claimant is a minor)

Emergency Contact (If other than parent)

Name: _____ Relationship: _____

Phone Number: (home)_____ (work)_____