



Hanover Area School District

1600 Sans Souci Parkway

Hanover Township, Pennsylvania 18706-6091

Mr. Nathan Barrett, Superintendent

Phone (570) 408-1163

Fax (570) 831-2322

nbarrett@hanoverarea.net

Mr. Robert Kachurak, CPA, Business Administrator

Phone (570) 831-2314

Fax (570) 822-6776

rkachurak@hanoverarea.net

## **ATHLETIC INJURIES** **2020-2021 SCHOOL YEAR**

Dear Parents/Guardians:

The Hanover Area School District does not endorse or recommend any Medical Facility or Treatment Center in the treatment of its students who have been injured during Athletic Events or other Extra-Curricular Activities. In case of a non-emergency, the parents/guardians must have the injured student treated at a facility which is covered by their Medical Insurance, for example, if you have HMO Insurance Coverage, you must go to your HMO hospital for treatment. In the case of an emergency, the injured student should be taken to the closest available Medical Facility for initial treatment.

Attached is a listing of steps that must be followed for insurance when a student is injured.

Sincerely,

Robert Kachurak  
Business Manager

RK/kmb

Attachments

CC: Mr. Nathan Barrett, Superintendent  
Mr. Daniel Malloy, Junior/Senior High School Principal  
Mr. Michael McCree, Athletic Director  
All Coaches  
All Activity Directors

Hanover Jr./Sr. HS  
High School  
570-831-2300

Memorial  
Elementary  
570-822-5102

Hanover Green  
Elementary  
570-824-3941

Lee Park  
Elementary  
570-824-4741

**HANOVER AREA SCHOOL DISTRICT**  
**IMPORTANT INSURANCE INFORMATION**

If your child is injured while playing Sports or in a school related Extra Curricular Activity, you must follow the Steps below in order for your medical bills to be paid promptly:

**STEP #1** All injuries must be reported immediately to the Coach, Activity Director, Athletic Trainer or the Athletic Director listed below:

**MR. MICHAEL MCCREE, ATHLETIC DIRECTOR**  
**HANOVER AREA SCHOOL DISTRICT**  
**1600 SANS SOUCI PARKWAY**  
**HANOVER TOWNSHIP, PA 18706-6091**

**TELEPHONE # (570) 831-2300 EXT. 373**  
**FAX # (570) 831-2322**

**STEP #2** After the School District Insurance pays the first \$100.00 for Usual and Customary Services, you will receive a notification from Peoples Benefit Life Insurance Company through Bollinger, Inc. that it has paid the first \$100.00. Once this occurs, send the notification from Peoples Benefit Life Insurance Company, that they paid the first \$100.00 along with any remaining or subsequent bills for Usual and Customary Services to your Insurance Company (HMO, PPO, etc.).

**STEP #3** All Usual and Customary Services provided that is not covered by your Insurance Company, should be submitted to the School District Insurance Company.

<p><b><u>NOTE:</u></b> The only services that will be covered by any Insurance Carrier must be considered Usual and Customary. Any services requested by parents that are not considered Usual and Customary will be done at the parent's expense.</p>
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**HANOVER AREA SCHOOL DISTRICT**  
**ATHLETIC AND EXTRA CURRICULAR ACTIVITIES**

NAME OF STUDENT: \_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_

\_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL SPORT/ACTIVITY: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

ADDRESS OF INSURED (if different from above):

\_\_\_\_\_

\_\_\_\_\_

DAY TIME TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

NIGHT TIME TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER OF INSURED: \_\_\_\_\_

NAME AND TYPE OF MEDICAL INSURANCE: (For example: HMO, PPO  
Medical Insurance, etc.)

\_\_\_\_\_

AGREEMENT NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

PLAN CODE: \_\_\_\_\_

SIGNATURE OF INSURED: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO YOUR COACH OR ACTIVITY  
DIRECTOR AS SOON AS POSSIBLE.**

**HANOVER AREA SCHOOL DISTRICT**

T O: Parents of Hanover Area School District Athletes  
F R O M: Robert Kachurak, Business Manager  
R E: Sports Accident Insurance Procedures  
D A T E: 2020-2021 School Year

The Hanover Area School District will supply all participants of school related sports activities with insurance provided by Peoples Benefit Life Insurance Company through Bollinger, Incorporated.

**In the event of any injury, the following procedures must be followed:**

**HANOVER AREA SCHOOL DISTRICT**  
**2020-2021 SCHOOL YEAR**

**SPORTS/STUDENT ACCIDENT INSURANCE PROCEDURES**

1. The Coach, Athletic Trainer, or Activity Director must complete a Student Accident Claim Form upon notification of an injury, then submit the Student Accident Claim Form to the Athletic Director.
2. The Athletic Director must verify all the information on the Student Accident Claim Form, then sign the School District's portion of the Claim Form.
3. The Athletic Director will mail the Student Accident Claim Form, within 48 hours of injury, to the School District's Insurance Company:

***Frank P. Crossin Agency, Inc.***  
***(Agent for Hanover Area School District)***  
***575 Pierce Street, Suite 302***  
***Kingston, PA 18704***

***(570) 822-5111 or FAX (570) 824-8825***

4. Frank P. Crossin Agency, Inc., will then forward the Student Accident Claim Form to the Parents/Guardians with instructions for completing the form and processing the claim. All bills related to the injury are to be sent with the Student Accident Claim Form.

A self-addressed stamped envelope will be provided to return the completed Claim Form to Frank P. Crossin Agency, Inc.

**If you have any questions with the Claim Form, please call:**

**FRANK P. CROSSIN AGENCY, INC.  
(Agent for Hanover Area School District)  
575 PIERCE STREET, SUITE 302  
KINGSTON, PA 18704**

**(570) 822-5111 or FAX (570) 824-8825**

5. The Athletic Insurance provided is Secondary Coverage, not Primary coverage. This means that all claims must be first submitted to your own personal insurance carrier. The Secondary Insurance will cover the first \$100.00 of claims incurred regardless if you have insurance or not. If you have insurance, any procedures submitted for payment to your own insurance carrier which are approved and not paid for in full, are to be submitted to A.J. Lupas Insurance Agency, Inc. for processing. This includes, but is not limited to deductibles, coinsurance, office visits, etc. If you have no personal insurance, then the Secondary Coverage provided by Peoples Benefit Life Insurance Company through Bollinger, Inc., will then become the injured's Primary Coverage. In this case, all claims incurred must be submitted to Frank P. Crossin Agency, Inc., for processing.

**IT IS EXTREMELY IMPORTANT THAT ALL STEPS ARE COMPLETED AS PROMPTLY AS POSSIBLE.**

**HANOVER AREA SCHOOL DISTRICT  
ACKNOWLEDGEMENT OF PARENTS**

**2020-2021 SCHOOL YEAR**

I hereby certify that I have read and understand the information available for Sports/Interscholastic Insurance.

Name of Participant: \_\_\_\_\_

School Sport/Activity: \_\_\_\_\_

Signature of Parents: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO YOUR COACH OR  
ACTIVITY DIRECTOR AS SOON AS POSSIBLE.**