

Office of Teaching, Learning, and Schools
School Support and Improvement – Athletics Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

June 3, 2021

IMPORTANT NOTICE TO PARENTS AND GUARDIANS
ABOUT FOOTBALL INSURANCE COVERAGE

Dear Parents/Guardians:

Montgomery County Public Schools (MCPS) does not provide primary insurance coverage for student-athletes who participate in the high school interscholastic football program.

Each student-athlete playing football must have insurance coverage of some type, either through a parent/guardian's policy or through the special medical coverage outlined in this mailing. Parents/Guardians who already have coverage through personal or group plans meet the insurance requirement. Student-athletes who do not have medical coverage will need to either purchase their own insurance from the company of their choice or purchase the High School Football (Full Year) Coverage option described in the attached brochure for \$134.

The high school football (full year) insurance option described in the attached brochure is underwritten by Federal Insurance Company, a Chubb Company and is serviced by Bob McCloskey Insurance. Parents/Guardians may contact Bob McCloskey Insurance with questions, or to obtain coverage, at 800-445-3126, or at the following website: www.bobmccloskey.com/K12Voluntary.

Please note that the football insurance described in the attached brochure is primarily designed to supplement an existing health insurance policy and has certain coverage limitations. Parents/Guardians who currently have insurance coverage may choose to supplement their current coverage by enrolling in the high school football (full year) plan. Parents/Guardians are responsible for all unpaid medical bills if their child is injured.

Parents/guardians will be required to verify insurance coverage for their child during the online registration process for football, using the ParentVUE.

If you have questions about the required medical coverage, please contact your school's head football coach or athletics specialist.

Sincerely,



Jeffrey K. Sullivan, Ed.D.
Director, Systemwide Athletics

JKS:rtm

Attachment

2021 MCPS FOOTBALL INSURANCE RESPONSE FORM

Return this form to your child's high school football coach. Do not send any checks, money orders, cash, or football insurance enrollment forms to your child's school. Parents should contact the company directly as indicated in the attached brochure.

I understand personal health insurance is required for my child to participate in the Montgomery County Public Schools (MCPS) high school interscholastic football program. MCPS does not provide insurance coverage for participants. Please respond as requested below (this information is requested during the online registration process).

_____ I have medical insurance coverage, and I do not wish to purchase supplemental football insurance coverage.

Name of Ins. Co. _____ **Policy No.** _____

_____ I did not previously have insurance but I have purchased insurance through Bob McCloskey Insurance
I purchased this insurance on (date): _____

_____ I have insurance and intend to purchase football insurance to supplement my primary coverage.

I understand that the Bob McCloskey Insurance Student Accident Insurance Football Coverage plan is designed primarily to supplement an existing health insurance policy and has certain coverage limitations. My child participates at his or her own risk and I attest that I will be responsible for all unpaid medical bills not covered by any insurance policies.

Parent/Guardian Signature _____ Date _____
(Note: When parents are divorced and have legal joint custody, both parents must sign)

Parent/Guardian Signature _____ Date _____

Student's Name _____ School _____

****DO NOT WRITE BELOW THIS LINE**OFFICIAL SCHOOL USE ONLY****

Name of Student _____ Grade _____

School _____

Date received at school _____ Received By _____
(Name of School Official)