

Office of the Chief Operating Officer  
Interscholastic Athletics  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland

May 18, 2007

**IMPORTANT NOTICE TO PARENTS ABOUT FOOTBALL INSURANCE COVERAGE**

Dear Parents/Guardians:

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

Each student desiring to play 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 who already have coverage through personal or group plans meet the insurance requirement. Students who do not have medical coverage will need to either purchase their own insurance from the company of their choice or purchase one of the Football Coverage options described in the enclosed brochure (Basic, \$115 or \$106; Economy \$81 or \$72). Please disregard the sentence under the Football option that states that 9<sup>th</sup> grade students that play with the senior high team must purchase the senior high football coverage from United HealthCare. Ninth grade students, like all other football players, must have insurance, but it does not have to be purchased from United HealthCare Insurance Company.

The insurance options described in the enclosed brochure are underwritten by United HealthCare Insurance Company and are serviced by UnitedHealthcare StudentResources. Parents/Guardians may contact UnitedHealthcare StudentResources with questions, or to obtain coverage, at 800-237-0903, or at the following website: [www.k12studentinsurance.com](http://www.k12studentinsurance.com).

Please note that the football insurance described in the enclosed brochure is primarily designed to supplement an existing health insurance policy and has certain coverage limitations. Parents or guardians who currently have insurance coverage may choose to supplement their current coverage by enrolling in one of the options. Parents are responsible for all unpaid medical bills if their child is injured.

Also enclosed is a form for each parent/guardian to verify insurance coverage for their child. The enclosed *Football Insurance Response Form* must be completed and returned to the football coach before your child is allowed to practice.

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

Sincerely,



William G. Beattie  
Director, System-wide Athletics

WGB:rtm

**2007 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 on the section of the form entitled: *Choose How to Enroll*.

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, and return this form to your child's football coach prior to participating.

\_\_\_\_\_ 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 the United HealthCare Insurance Company. I purchased this insurance on (date): \_\_\_\_\_.

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

I understand that the United HealthCare Insurance Company Football Coverage option 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)

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)