

**BOARD OF EDUCATION**  
**HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT**  
Serving East Hanover Township, Florham Park Borough and Hanover Township

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HANOVER PARK HIGH SCHOOL  
WHIPPANY PARK HIGH SCHOOL

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September 2011

Dear Parents:

Once again this year the Board of Education has purchased Student Accident Insurance for every student enrolled in the Hanover Park Regional High School District. The District policy provides excess or secondary coverage for all student accidents including sports. This means that accident claims must be first submitted to your family insurance carriers, Blue Cross, Metropolitan, etc. Any bills that are not paid under your family's coverage (hospital and surgical, dental, major medical, etc.) can then be submitted to the school's insurance carrier for consideration. If you have no health/accident insurance, our policy will then become primary coverage.

Like any other insurance policy, our policy excludes coverage for some situations and also limits payments to a fixed table of benefits and reasonable fees. The major exclusions are:

a) injuries resulting from fighting, brawling, riots or other such commotions; b) self-inflicted injuries; c) services of an assistant physician or surgeon; d) non-prescription drugs and machines; e) orthopedic appliances, braces, etc. that are not directly furnished and charged for by a hospital; f) injuries from the use of drugs, narcotics and hallucinogens; g) injuries which occur outside of regularly school sponsored activities; and h) cosmetic dental work.

When an accident occurs, either at school or at a school sponsored activity, your child will be instructed to see the school nurse. The nurse in each school has all the forms necessary to file an insurance claim and will assist you and your child in making sure an accurate record of the accident is maintained.

As you receive bills for an accident make a copy for yourself and submit the original to your family hospitalization insurance plans. After you have been informed of their actions, submit any unpaid amounts with the form issued by the school nurse, to our insurance carrier. Be sure to include copies of the statements of action taken by your family insurance carriers (hospitalization and surgical, dental, major medical, etc.), as well as a copy of the original bill.

Any further questions or problems can be directed to the school nurse at your child's school or to me at the above address. Please save this letter for your future reference.

Sincerely,

William F. Albert, Jr.  
Business Administrator/Board Secretary

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