

Risk Management
Environmental Studies 72, MS-9070
Direct Line: (360) 650-3065
Fax: (360) 650-6514
E-mail: paul.mueller@wwu.edu

FIELD TRIP INSURANCE PROGRAM

Any department sponsoring field trips or similar extra-curricular activities, please read the following information carefully. It is important that you make any staff coordinators aware of this program as well. Field trip insurance must be paid for before the date of the trip.

Individuals going on WWU sponsored and supervised field trips or similar extra-curricular activities as a group/class may purchase field trip insurance for medical expense benefits and accidental death and dismemberment coverage for injuries arising out of the trip. This is not a mandatory requirement for field trips, only an option for **students and chaperones** to provide some limited form of coverage to participants who may or may not have their own personal medical coverage. All members of the group should participate. The policy does not provide coverage for any personal side trips occurring before, during or after the university-related trip. *Other exclusions in coverage apply as well and coverage is limited to that provided by the insurance policy.* The cost is \$.80 per participant per day per.

Purchasing Field Trip Insurance: Cash payment is made at the University Cashier's office before the day of the trip or activity. A *Field Trip Insurance Roster* is provided below and the completed roster must accompany payment. The University Cashier forwards a receipt and trip information to Risk Management for processing.

If payment is to be made through transfer of funds, the department/program completes a journal voucher (JV), attaches a completed roster and submits to Accounting Services, with a copy to Risk Management. *Do not send originals to Risk Management.*

Claim Forms: Claim forms are available from Risk Management. The individual in charge of the activity can request copies of claim forms to have on hand in the event an injury occurs. Follow the claim procedure as outlined on the form.

Coverage: Accidental Medical Expenses: \$5,000; Accidental Death and Dismemberment: \$5,000; There is minimal coverage for expenses related to dental injury and sickness; Deductible: \$100.

Excess Coverage Only: If an injured participant has any other applicable insurance, including medical or dental, that coverage will be primary and any remaining medical expenses can be submitted under the field trip insurance program. In the absence of any other valid and collectible insurance, expenses incurred for any covered injury would be payable under the field trip insurance program in accordance with the terms, conditions and exclusions of the policy.

Covered Activities: Activities that are sponsored and supervised by WWU during the field trip specified.

Important Notice: This summary is designed to give you a general overview of the insurance coverage. It should not be construed as a representation or legal interpretation of insurance coverage. Coverage may change without notice. Contact Risk Management for specific information about the program and coverage terms, conditions and exclusions.

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FIELD TRIP INSURANCE ROSTER

Department/Organization _____

Contact Person (or person in charge) & Phone No. _____

Activity/Location _____

Activity Date(s) _____

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

| | |
|------------------------------|----------------|
| Number of Participants | _____ |
| Cost Per Participant per Day | \$ <u>0.80</u> |
| Number of Days | _____ |
| Total Payment | _____ |

| |
|---|
| FOR CASHIER USE ONLY |
| For Deposit to: FSRMFT H191 |
| (Please attach receipt or stamp this form and mail to Risk Management MS-9070. Thanks!) |

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FIELD TRIP INSURANCE CLAIMS INSTRUCTIONS

In the event of an accidental injury, the injured person *and* the University person in charge of the trip must:

- Follow normal University accident reporting procedures, which includes completing a *University Accidental Injury/Occupational Illness Report*, also known as the “accident report.” The report form is available online or hard copy from Environmental Health & Safety. Submit the completed form to EHS MS-9070.
- The injured person can then request a field trip insurance claim form from Risk Management if he/she wishes to seek recovery under this program.

The insured person must follow the claim procedure instructions carefully, complete the form in its entirety and be certain to attach all itemized medical bills. The form and bills are mailed directly to ACE American Insurance Company, with a copy sent to Risk Management at the address above. The insured person will work directly with ACE thereafter.

If the injured person has any other valid and collectible medical insurance coverage, the medical expenses incurred in connection with the injury should be first submitted under that coverage. Any expenses not covered by that coverage may be payable under the field trip insurance subject to the policy terms, conditions and limitations.

If the injured person does NOT have any other valid and collectible medical insurance coverage, the medical expenses may be payable under the field trip insurance subject to the policy terms, conditions and limitations.

If further information or assistance is required, please contact Risk Management.