

Nationwide Life Insurance Co. currently writes Accident/Medical Insurance for the PCPO group. The policy covers students and parent assistants for medical treatment for injuries sustained while taking part in, or traveling straight to or from, any activity sponsored and supervised by the school (including field trips and evening programs). This primary coverage pays expenses even if other applicable insurance is in effect. The coverage is for \$25,000 with no deductible. Approved claims are paid at 100% of usual and customary charges up to the policy limits. If the expenses were greater than the \$25,000 limit, then the school's liability insurance carrier would become involved (except in the case of an auto accident, when the driver's personal auto coverage applies). All Claims Forms are kept by PCPO, as entries must be made before they are used. A phone call will get one to you right away. Nationwide requires written notice of claims within 30 days and proof of loss information (bills) within 90 days of an accident.

We highly recommend giving parents of injured children the ACCIDENT CLAIM CARDS AND INFORMATION SHEETS (YELLOW POCKETS) provided to your school to present to medical providers in an attempt to facilitate direct billing. It is very important to file the Claim Form immediately, so the company can respond to direct billings. An Accident Report Form should be sent to PCPO within one week of any injury requiring medical treatment other than first aid.

If your school obtains accident insurance through a source other than the PCPO group program, we still ask that our accident report form and/or phone contact be made. Two reasons for this include: 1) your school may participate in the PCPO Liability program, which has reporting requirements for accidents which may eventually involve the liability company, and 2) we may be able to share ideas/experiences with you if you have questions or concerns when working with your company and/or family involved.

PCPO ACCIDENT REPORT

School Name:

Injured student/parent:

DOB/Age:

Day & Date:

Time:

Location where injury occurred:
(bldg. name and address; classroom/playground)

Describe how accident occurred & injury resulting:

Physician &/or Hospital where treatment was received:

Treatment Date(s):

School's contact person:

Phone:

Parents' Names:

Phone:

Mail to: PCPO Insurance, PO Box 230327, Tigard, OR 97281-0327

Questions? Linda, (503)639-7905, e-mail: inspcpo@pcpo.info

(You may submit your school's form as long as it includes all of the above.) rev. 6/06