

COMMON QUESTIONS ASKED REGARDING ACCIDENT INSURANCE

1. WHEN WILL I GET PAID/REIMBURSED?

This is a reimbursement policy. Due to the processing time involved, payment for the reimbursement of claims may be anywhere from four to six weeks. If there is indication that further receipts will be submitted, rather than reimburse a claimant for one or two, the insurance company may wait and process a cheque for them all at one time. Some common reasons for delay in payment are:

- i) if the injured athlete has other insurance (this policy is a "second payer" and will come into effect after all other insurance available to the athlete is exhausted);
- ii) the address on the claim form for the athlete is incorrect or incomplete;
- iii) no physician's referral and receipts have been received;
- iv) there is no indication that the initial treatment was received within 30 days of the accident;
- v) the claim was submitted after 90 days of the accident date.

2. ARE BRACES COVERED?

Yes, however, there must be a written prescription by a licensed doctor in order for air casts/braces, etc. to be insured. **Proof of purchase is not evidence of a prescription.** Air casts/braces, etc. required primarily for sports activities are not covered. They must be required for daily wear to rehabilitate.

3. CAN THE PHYSIOTHERAPIST REFER CLAIMANT FOR TREATMENT?

No. A licensed doctor must refer claimant. The injured athlete must be referred to a Physiotherapist, Chiropractor, Athletic Therapist or Massage Therapist in order for expenses to be reimbursed.

4. IS PHYSIOTHERAPY (CHIROPRACTIC, ATHLETIC OR MASSAGE THERAPY) 100% COVERED?

Please check with your sport administrator as to limits as they may vary for each sport. Coverage is provided once all other insurance available to the claimant is exhausted and a licensed doctor has referred the injured athlete to the therapist.

- The rates within the Sport Accident Policy for all therapy will be \$50.00 per visit with a maximum of \$2,000.00 per accident over a 52 week period from date of the accident. This includes physiotherapy, athletic therapy, chiropractor, massage therapy and osteopath. As per above, this is the SECOND PAYER to any other coverage available to the individual (employee benefits plan, etc.).

5. DO I NEED EXTRA COVERAGE FOR TRAVELING?

No. However, the "travel accident and sickness" portion of this policy only applies to "out-of-country". While traveling in Canada, the policy is strictly a "sport accident" policy and therefore the injury must be sustained while participating in a sanctioned game or practice. There is no

need to report before departure unless it is for more than 10 days. Keep in mind that this policy is the second payer. Bills must first be submitted to The Manitoba Health and/or any other insurance company available to you. Note: Regarding **TRANSPORTATION EXPENSES** - When out of Canada, if required to return separately before or after the team returns due to an accident or illness, the extra expenses incurred would be covered. Extra expenses incurred as a result of the same would not be covered if within Canada.

6. HOW LONG CAN I CLAIM EXPENSES?

Up to one year from the date of the accident.

7. IS AMBULANCE COVERED?

Yes (Ground Ambulance Only)

8. DO I HAVE TO WAIT UNTIL I HAVE ALL OF MY RECEIPTS BEFORE SUBMITTING MY CLAIM?

No. You may submit your claim form and physician's referral first so that Markel All-Sport Insurance receives your claim within 90 days of the accident. Once your claim has been processed, any receipts can be submitted on an ongoing basis (up to one year after the accident date) directly to Sport Manitoba Inc. If Markel All-Sport Insurance Company receives just the athlete accident claim form and physician's referral, they will open your file and await any receipts. If after a period of time no receipts have been submitted, a form letter will be sent to you requesting any receipts.

9. WHAT HAPPENS IF MARKEL-ALLSPORT INSURANCE RECEIVES A CLAIM PAST 90 DAYS OF THE ACCIDENT DATE?

Claim will be denied. However, claims received past 90 days may be considered if Markel All-Sport Insurance feels that the reason for the delay is justified. (A letter of explanation for the delay should accompany the claim.)

10. IF I HAVE OTHER INSURANCE, DO I SUBMIT MY EXPENSES TO THAT COMPANY FIRST?

Yes. However, in order for a claim to be processed, Markel All-Sport Insurance must receive a completed athlete accident claim form and physician's referral **within 90 days** of the accident date. There is a section on the claim form that asks if there is other insurance. This will indicate to Markel All-Sport Insurance that the balance of receipts not paid will be forwarded once all other insurance is exhausted.

11. AT WHAT POINT DO ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS APPLY WHEN TRAVELING TO AN EVENT BY AUTOMOBILE?

There must be three or more people traveling together in the same automobile for these benefits to apply.