



University of Vermont has obtained a Secondary (Excess) Athletic Accident Insurance policy in the event that a student-athlete is injured during a covered sporting event and will require outside medical treatment. An Injury Claim form will be submitted on behalf the student-athlete to A-G Administrators, the Claims Company for the accident insurance policy.

Please be advised that this coverage is excess (secondary in most situations) to all other valid and collectable insurance plans. Each student-athlete should initially provide their primary health insurance information to each medical provider at the time of treatment, as well as the Secondary (Excess) Athletic Accident insurance information. This policy is designed to cover any remaining balances of expenses related to a covered injury/accident that are not covered by the student-athlete's primary insurance (including co-pays, deductibles, coinsurance, etc.) and left to patient responsibility.

To ensure that claims are covered under the Secondary (Excess) Athletic Accident Insurance studentathletes are asked to give the billing information to each medical provider prior to every medical treatment and/or service for an athletic related injury. **However, if this is not done and a billing statement is received, the following actions must be fulfilled by the student-athlete in order to pay the claim:**

- 1. Call the medical provider's Billing Department.**
(Telephone number found on statement)
- 2. Inform the Billing Department that you have an excess insurance policy.**
- 3. Give the Billing Department the excess insurance policy information:**

Claims Company:	A-G Administrators
Mailing Address:	PO Box 21013 Egan, MN 55121
Phone Number:	(800) 634-8628
Fax Number:	(610) 933-4122
Policy Number:	SRG0009153547
Group Number:	UVM2021_22
- 4. Request that the Billing Department send the following to A-G Administrators:**
 - a. HICF-1500 or UB04 Form (for the date(s) of service listed on statement/bill)
 - b. Primary insurance EOB (for the date(s) of service listed on statement/bill)
- 5. For reimbursement of bills already paid out of pocket, forward all receipts and/or proof of payment to A-G Administrators along with the above documentation.**