Amherst College has obtained an 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 BMI Benefits, the Claims Company for the accident coverage.

Please be advised that this coverage is excess/secondary 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 Excess/Secondary 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.) once the $500 per Injury Deductible has been met. This deductible coordinates with primary insurance, and thus, reduces with payments made by primary insurance towards eligible claims.

To ensure that claims are covered under the Excess/Secondary Athletic Accident Insurance student-athletes 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 bill ensues, 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:** BMI Benefits
   - **Mailing Address:** PO Box 511
   - **Matawan, NJ 07747**
   - **Phone Number:** (800) 445-3126
   - **Fax Number:** (732) 583-9610
   - **ID Number:** AMH201819
   - **Group Name:** Amherst Athletics

4. **Instruct the Billing Department to send the following to BMI Benefits:**
   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 BMI Benefits along with the above documentation.**

**Please Note:** you may contact Gallagher Student Health & Special Risk, Amherst’s insurance broker, if you have any questions regarding coverage. Their contact information is as follows:
   - **Phone:** (877) 345-8928
   - **E-mail:** SpecialRisk@GallagherStudent.com