



## DIOCESE OF OAKLAND

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August 2009

To: Pastors, CYO Athletic Directors and Youth Ministers  
From: Diocesan CYO and Youth Ministry Offices  
Subject: Youth and CYO Sports Activities Accident Medical Insurance  
(Non School Activities)

Attached is information regarding the renewal of the Youth and Sports Activities Accident Insurance Coverage for CYO and Youth Activity Groups of the Diocese of Oakland. For this coverage, please indicate on the bottom of the attached information form and return it no later than Friday, October 16, 2009.

Parishes should estimate the total number of youth participating in their programs for the entire year as of the fall enrollment date. This number should include adult leaders and coaches. Do not send any money to the CYO or Youth Ministry Office. Each parish will be billed by the Diocesan Insurance Department on their annual parish insurance bill.

The program covers accidental injury to any participant from an organized group which occurs during the group activity (i.e. sports, youth group meetings, retreats, trips, events, et al). There are exceptions and limitations as indicated on the attached information sheet. The insurance is designed to pay in excess of any other valid and collectible insurance in effect. THIS COVERAGE IS MANDATORY.

This program covers youth activities except CCD activities and parochial school activities. AGAIN, SUBSCRIPTION TO THIS COVERAGE IS MANDATORY; you must include 100% of your youth participants in all youth activities (excluding parochial school and CCD activities), year 'round.

The attached sheet indicates some of the terms and conditions of the program. It does not, however, state the actual terms and conditions of the insurance contract on file at the Diocesan Chancery Office.

If you have any questions please contact the Oakland Diocese Chancery Office, Office of Insurance and Benefits, at 510-893-4711.

**DIOCESE OF OAKLAND**  
**"COVERAGE DISCLOSURE & SUBSCRIPTION FORM"**  
**BRIEF OUTLINE OF THE TERMS AND CONDITIONS OF THE**  
**YOUTH AND SPORTS ACTIVITIES MANDATORY ACCIDENT MEDICAL INSURANCE PROGRAM**

**THE FOLLOWING ARE SOME OF THE TERMS AND CONDITIONS OF THE PROGRAM:**

1. Accident Medical Treatment with a limit of \$25,000.
2. Accidental Loss of Sight and/or Dismemberment with a limit of \$20,000.
3. Accidental Loss of Life with a limit of \$20,000.
4. Benefits for injuries to teeth or gums, including the furnishing of dental prosthetic devices required as a result of injury to sound, natural teeth shall be limited to a maximum of \$2,500.
5. ALL CLAIMS ARE EXCESS OF VALID AND COLLECTIBLE INSURANCE ON THE INDIVIDUAL.  
Deductible: A \$25 deductible applies per claim
6. All organized and supervised sports and other youth activities during the policy year are included with the EXCEPTION OF TACKLE FOOTBALL, LA CROSSE, RUGBY, BOXING, HOCKEY (ICE AND FIELD), KARATE, JUDO, AND MOTORCYCLE ACTIVITIES WHICH ARE EXCLUDED.
7. **SKIING, SNOW TRIPS AND EQUESTRIAN ACTIVITIES COVERAGE IS INCLUDED, SUBJECT TO A \$25 DEDUCTIBLE. THIS COVERAGE AVAILABLE ONLY FOR SUBSCRIBING LOCATIONS WHEN REQUESTED AT LEAST 5 DAYS PRIOR TO THE SNOW OR SKI TRIP.**  
**There is an additional charge of \$1.00 per person/per day for skiing or \$1.00 per person for Snow Trips.**
8. **All members of your organized Church Youth Groups must be included for coverage. Include leaders, supervisors, volunteers and coaches in your estimate with the total number of participants when you subscribe for the year.**
9. **The premium is \$1.00 PER PARTICIPANT PER YEAR OR PORTION THEREOF. (See exceptions #6 & #7 above). Policy year begins and ends each September.**
10. CLAIM FORMS available upon request. Generally, the Parish has to complete their section of the Form and then give it to the Parent/Guardian, who have to complete their section; then they give the Claim Form to their Doctor or the Hospital to complete the rest of it, then return it to the Parent/Guardian, to submit the completed Claim Form, with copies of the Accident medical bills, to: **Arthur J. Gallagher Insurance Brokers, P.O. Box 7443, S.F., CA 94120: Attn: Claims Department**
11. Completed Claims Forms and copies of the Medical bills, and the insurance policy information will then be forwarded by Arthur J. Gallagher to the Insurance Company, who will adjust the Claim based on the terms and conditions in the insurance policy. Nothing herein amends, extends, or alters the coverage afforded under the policy that is on file at the Chancery Office.

**Coverage Inquiries: Winnie Loi (415) 536-8435      Claims: Mary Demarest (415) 536-8542**



**YOUTH AND SPORTS ACTIVITIES ACCIDENT INSURANCE PROGRAM ENROLLMENT FORM**

**The total number of participants, including leaders and coaches, for my Parish / Organization is:**

CYO Athletics Program: \_\_\_\_\_ Youth Ministry Program: \_\_\_\_\_ Other Youth Activities: \_\_\_\_\_

Name of Parish: \_\_\_\_\_ City: \_\_\_\_\_

Signature: \_\_\_\_\_ (of Pastor or of person authorized by Pastor)

Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN, DATE AND RETURN THIS FORM TO:**  
**Oakland Diocese Insurance and Benefits Office, 2121 Harrison Street, Suite 100, Oakland CA 94612**

**KEEP A COPY FOR REFERENCE IN PARISH CYO/YOUTH MINISTRY FILES**