

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 8/26/20



Recognition: Students Staff Parents
Information: Building Report Old Business Superintendent's Report
Action: Resignation Hiring Contract Service Agreements
 Travel Out-of-State Travel In State Approvals
 Termination Legal Matters Other:
 This action request pertains to Elementary (only) High School/District Wide

Date: 8/19/20

To: **Browning School Board**
 BPS

From: Corrina Guardipee-Hall
Title: Superintendent

Subject: **Montana High School Association Annual Dues Application and Fee Remittance, Liability Catastrophe Plan Remittance, Concussion Insurance Remittance**

Description: Montana High School Association Annual Dues Application and Fees Remittance, Montana High School Association Liability Catastrophe Plan Remittance and Montana High School Association Concussion Insurance Remittance for 2020-2021

- + Annual Dues Application and Fee Remittance \$4500.00
- + Liability Catastrophe Remittance \$828.00
- + Concussion Insurance Remittance \$191.00

Financial Impact: \$5,519.00

Funding Source (Budget/grant, etc.): 226.60.720. 3500.810

Attachment(s):

Board Action: N/A (Info) Approved Denied Tabled to: _____



MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921.

April, 2020

**TO: MHPA MEMBER SCHOOL CONTACTS
MHPA SCHOOL BUSINESS MANAGERS / DISTRICT CLERKS**

FROM: MARK BECKMAN, EXECUTIVE DIRECTOR

**RE: ANNUAL APPLICATION AND FEES REMITTANCE FORM FOR 2020-21
CATASTROPHIC INSURANCE REMITTANCE FORM FOR 2020-21
CONCUSSION INSURANCE REMITTANCE FORM FOR 2020-21**

This email contains items which need to be addressed for the 2020-21 school year.

- A copy of the Annual Application and Fees Remittance form for the 2020-21 school year. **One original copy is to be completed and returned with your remittance. Make certain that the MHPA office receives an original signed copy which is signed and dated by the appropriate personnel. If an original signed copy is not received by the MHPA office, it will delay the processing of your application.** The chairperson of the school board and the high school principal or superintendent **must sign the annual dues application after being authorized to do so by official school board action.** Please refer to the list of activities on the form when computing the amount of your remittance. **This payment is due on or before July 15, 2020.**

If you prefer to pay dues prior to July 1, 2020, please feel free to do so. **Any school failing to pay its annual fees on or before that date shall be ineligible from August 1 until such fees are paid and shall be required to pay a penalty of \$50.00 in addition to the regular fees before reinstatement. (See Article I, Section (2) of the MHPA By-Laws.)**

- A copy of the 2020-21 Catastrophic Insurance form and a summary of benefits. **A copy is to be completed and returned with your remittance.** To determine your premium you must use your **high school's (grades 9-12) FALL, 2019 enrollment as reported to OPI or for private schools, your enrollment as of November 1, 2019.** **This payment is due on or before July 15, 2020.**
- A copy of the 2020-21 Concussion Insurance form. A copy is to be completed and returned with your remittance. To determine your premium, you must use your **high school's (grades 9-12) FALL, 2019 enrollment as reported to OPI or for private schools, your enrollment as of November 1, 2019.** **This payment is due on or before July 15, 2020.**

All these forms are also available on our website (mhsa.org).

If there are questions on any of the above referenced items, please feel free to contact the MHPA office.

Attachments

MONTANA HIGH SCHOOL ASSOCIATION

1 South Dakota
Helena, MT 59601

Annual Dues Application and Fees Remittance Form

_____ High School of _____ Montana, hereby makes application for membership in the Montana High School Association (MHSA) for the school year **2020-21** in accordance with Article 1, Section (1) of the MHSA By-Laws, and appoints the Association as its representative in interscholastic activities for the current school year. The Board of Trustees adopts and agrees to comply with the rules and regulations of the MHSA as presently contained in its official MHSA Handbook, and acknowledge receipt of a copy of such handbook in effect. It is understood that each member school is entitled to one vote on any resolution presented to the Association membership. A resolution adopted by the Board and inserted in the minutes of a meeting of the Board on the date below directs the chairperson of the Board of Trustees to remit to the Association the yearly membership fees. If the school is registering for an activity in which the school district did not participate the previous year and did not request sanctioning for this activity in writing, students will not be permitted to compete in MHSA post-season contests, other than activities which are not assigned to districts and/or divisions. (Rules and Regulations, Sections 14 and 16). **Send payment to MHSA, 1 South Dakota Avenue, Helena, MT 59601.**

In the chart mark an "X" to the left of the activities in which your school wishes to participate.

BOYS		GIRLS		COMBINED ACTIVITIES	
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Band
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Chorus
<input type="checkbox"/>	Football	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Drama
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Orchestra
<input type="checkbox"/>	<i>Powerlifting</i>	<input type="checkbox"/>	Softball	<input type="checkbox"/>	Speech
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Swimming		
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Tennis		
<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Track		
<input type="checkbox"/>	Track	<input type="checkbox"/>	Volleyball		
<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	<i>Wrestling</i>		
	<< TOTAL BOYS		<< TOTAL GIRLS		<< TOTAL COMBINED

TOTAL NO. OF ACTIVITIES (BOYS, GIRLS, & COMBINED) _____ @ \$250.00 = \$ _____

Remit this amount to the MHSA office before July 15th and include an ORIGINAL SIGNED FORM

Signed/Dated: _____
Chair / Board of Trustees

Signed/Dated: _____
Superintendent or Principal



<i>For MHSA Use Only:</i>	
Date Received: _____	Amount Received: _____
Check No. _____	Late Fee: _____
Total Amount Received: _____	

MONTANA HIGH SCHOOL ASSOCIATION

1 South Dakota Avenue

Helena, MT 59601

(406) 442-6010

LIABILITY CATASTROPHE PLAN REMITTANCE FORM

We have enclosed our remittance in the amount of \$ _____ based on the *HIGH SCHOOL ENROLLMENT* (schedule below) to cover our school's share of the Liability Catastrophe Plan insurance premium for 2020-21.

School _____

Date _____

Signed _____

High School Enrollment (Grades 9-12) as of FALL REPORT TO OPI, 2019

<u>Enrollment</u>	<u>Premium</u>
0-40	\$204.00
41-110	\$299.00
111-200	\$377.00
201-300	\$498.00
301-400	\$619.00
401-800	\$828.00
801-up	\$1,326.00

You must use your **high school enrollment** per your FALL, 2019 report to OPI or for private schools, use your enrollment as of November 1, 2019.

PLEASE RETURN THIS SIGNED FORM AND YOUR PAYMENT BY **JULY 15, 2020**

For MHSA Use Only

Date Received: _____

Premium: _____

Check No: _____ Late Fee _____

**MONTANA HIGH SCHOOL ASSOCIATION
2020-21 Catastrophic Insurance Renewal
Mutual of Omaha**

Summary of Lifetime Benefits

- **Accident Medical Expense Benefit:** 100% of reasonable, customary and necessary covered expenses, with an overall lifetime limit of \$1,000,000.
- **Deductible:** \$50,000 per injury.
- **Incurral Period:** Two (2) year incurral period in which to meet the deductible.
- **Extended Care Facility Maximum** \$365,000 per calendar year.
- **Combined Home Healthcare/Custodial Care Maximum:** \$100,000 per calendar year.
- **Maximum Physical Therapy Benefit:** \$50,000 per calendar year.
- **Accidental Death Benefit:** \$10,000.
- **Cash Benefit:** \$10,000 (for paralysis, including quadriplegia, paraplegia or hemiplegia).

Expanded Benefits (Total Disability Only):

- **Lifetime Special Expense Benefit:** \$100,000 first decade; \$50,000 each decade thereafter for home remodeling or adaptation and special vehicle purchase or adaptation.
 - **Lifetime Adjustment Expense Benefit:** \$50,000 Lifetime for family counseling, training, travel and loss of earnings of parents.
 - **Lifetime Education Expense:** \$50,000 for tuition, room and board and other related expenses.
 - **Total Disability Benefit:** A catastrophically injured student who is totally disabled at age 18 may receive \$1,500 per month for remainder of life
 - **Partial Disability Benefit:** A catastrophically injured student who is partially disabled at age 18 may receive \$1,000 per month for remainder of life.
-



MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921.

TO: MHS A MEMBER SCHOOL ADMINISTRATORS

FROM: MARK BECKMAN, EXECUTIVE DIRECTOR

RE: CONCUSSION INSURANCE

Member schools were surveyed regarding adding concussion insurance for every MHSA athlete and cheerleader and the response was over 97% in favor to do so. The MHSA Executive Board is continuing this concussion insurance coverage for all MHSA schools for the 2020-21 school year. This is the fifth year our athletic participants, including cheerleaders, have been covered.

The MHSA, through negotiations with our insurance broker, Dissinger Reed, can continue offering concussion insurance for all MHSA athletic participants and cheerleaders at only \$1.50 per student (same premium for four years). The coverage includes:

- Maximum - \$25,000 per year
- Benefit Period – 1 year
- Deductible - \$0 per claim
- Eligible Person – all athletes participating in MHSA sports (including cheerleading).
- Covered Activities – participating in practice or play of sports sponsored by the MHSA (including cheerleading).
- Definition of Injury: 1) Directly and independently caused by specific accidental contact with another body or object; 2) A source of loss that is sustained while the injured person is covered under the policy and while he or she is taking part in a covered activity; 3) Resulting in a concussion.

The participant's insurance would first be billed and would pay however there would be no out-of-pocket cost for the participant up to \$25,000 per covered injury. For example, if the participant's insurance had a \$3,000 deductible and none of that deductible was met, this insurance would pay the \$3,000 so there would be no out-of-pocket cost to the family. Also, all co-pays would be covered and if there were tests not covered by the primary insurance this insurance would cover all those costs. The cost per year for schools is as follows:

Enrollment/Premium

0-40 = \$41
41-110 = \$66
111-200 = \$121
201-300 = \$141
301-400 = \$171
401-800 = \$191
801-up = \$226

Again, all MHSA athletes and cheerleaders would be covered, there is no deductible, and the maximum coverage per injury per year is \$25,000. This is a very proactive approach to dealing with the issues of concussion that are nationwide including the threats of litigation in every state. It also demonstrates that each school is being proactive in the event of litigation.

If you so desire, payment may be made along with your Membership Application and Catastrophic Insurance applications.

MB/gb

Attachment (remittance form)

MONTANA HIGH SCHOOL ASSOCIATION
1 South Dakota Avenue
Helena, MT 59601
(406) 442-6010

CONCUSSION INSURANCE REMITTANCE FORM

We have enclosed our remittance in the amount of \$ _____ based on the **HIGH SCHOOL ENROLLMENT** (schedule below) to cover our school's share of **Concussion Insurance premium for 2020-21**

School _____
Date _____
Signed _____



High School Enrollment (Grades 9-12) as of FALL REPORT TO OPI, 2019

<u>Enrollment</u>	<u>Premium</u>
0-40	\$41.00
41-110	\$66.00
111-201	\$121.00
201-301	\$141.00
301-400	\$171.00
401-800	\$191.00
801-up	\$226.00

You must use your **high school enrollment** per your **FALL, 2019** report to **OPI** or for private schools, use your enrollment as of November 1, 2019.

PLEASE RETURN THIS SIGNED FORM AND YOUR PAYMENT BY **JULY 15, 2020**

For MHSA Use Only

Date Received: _____

Premium: _____

Check No: _____ Late Fee: _____