

FROM:

EXECUTIVE DIRECTOR

RE:

MHSA MEMBER SCHOOL CONTACTS

MHSA SCHOOL ACTIVITIES DIRECTORS & BUSINESS

ANNUAL APPLICATION AND FEES REMITTANCE
FORM FOR 2025-26 CATASTROPHIC INSURANCE
REMITTANCE FORM FOR 2025-26 CONCUSSION
INSURANCE REMITTANCE FORM FOR 2025-26

MANAGERS / DISTRICT CLERKS BRIAN MICHELOTTI,

This email contains items which need to be addressed for the 2025-26 school year.

- A copy of the Annual Application and Fees Remittance form for the 2025-26 school year. One original copy is to be completed and returned with your remittance. **Make certain that the MHSA office receives an original copy, signed, and dated by the appropriate personnel. If an original signed copy is not received by the MHSA 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 by July 15, 2025.**
- A copy of the 2025-26 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, 2024** enrollment as reported to OPI or for private schools, your enrollment as of November 1, 2024. **This payment is due by July 15, 2025.**
- A copy of the 2025-26 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, 2024** enrollment as reported to OPI or for private schools, your enrollment as of November 1, 2024. **This payment is due by July 15, 2025.**

All rates (MHSA Dues, Catastrophic Insurance and Concussion Insurance) have not increased this school year.

Schools are required by MHSA rules to pay catastrophic and concussion insurance premiums. Annual dues and ***premiums are payable on or before July 15th*** of each year of membership. Any schools failing to pay the annual dues and premiums on or before August 1st of each year of membership shall become ineligible from that date until such dues and premiums are paid and shall be required to pay a penalty of \$50.00 (for each) in addition to the regular fees before reinstatement. [Article I, Section (2) of the MHSA By-Laws; Section 17 of the MHSA Rules and Regulations]

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 MHSA office.

Attachments

MONTANA HIGH SCHOOL ASSOCIATION

1 South Dakota St.

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 **2025-26** 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 St, Helena, MT 59601 by July 15, 2025.

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

	BOYS	GIRLS			MBINED ACTIVITIES
X	Baseball	X	Basketball	X	Band
X	Basketball	X	Cross Country	X	Chorus
X	Cross Country		Flag Football	X	Drama
X	Football	X	Golf		Orchestra
X	Golf	X	Soccer	X	Speech
X	Soccer	X	Softball		
	Swimming		Swimming		
X	Tennis	X	Tennis		
X	Track	X	Track		
X	Wrestling	X	Volleyball		
9	<< # TOTAL BOYS SPORTS OFFERED	X	Wrestling		<< # TOTAL COMBINED ACTIVITIES OFFERED
		9	<< # TOTAL GIRLS SPORTS OFFERED	4	

TOTAL NO. OF ACTIVITIES (BOYS, GIRLS, & COMBINED) 22 @ \$250.00 = \$5,550

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

Signed/Dated: _____ Signed/Dated: _____
Chair / Board of Trustees Superintendent or Principal

For MHSA Use Only:

Date Received: _____ Amount Received: _____

Check No. _____ Late Fee: _____

Total Amount Received: _____

MONTANA HIGH SCHOOL ASSOCIATION

1 South Dakota St.
Helena, MT 59601
(406) 442-6010

LIABILITY CATASTROPHE PLAN REMITTANCE FORM

We have enclosed our remittance in the amount of \$836.00 based on the HIGH SCHOOL ENROLLMENT (schedule below) to cover our school's share of the Liability Catastrophe Plan insurance premium for 2025-26.

School: Browning Public School District #9

Date

Signed

High School Enrollment (Grades 9-12) as of FALL REPORT TO OPI, 2024

Enrollment Premium

0-40 \$206.00
41-110 \$302.00
111-200 \$381.00
201-300 \$503.00
301-400 \$625.00
401-800 \$836.00 625 Fall 2024
801+ \$1,339.00

You must use your high school enrollment per your FALL, 2024 report to OPI or for private schools, use your enrollment as of November 1, 2024.

PLEASE RETURN THIS SIGNED FORM AND YOUR PAYMENT BY **JULY 15, 2025**.

For MHSA Use Only

Date Received: _____

Premium: _____

Check No: _____ Late Fee _____

Total Received: _____

MONTANA HIGH SCHOOL ASSOCIATION

**2025-26 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.

TO: MHSA MEMBER SCHOOL ADMINISTRATORS

FROM: BRIAN MICHELOTTI, EXECUTIVE DIRECTOR

RE: CONCUSSION INSURANCE

The MHSA, through negotiations with our insurance broker, Dissinger Reed, can continue offering concussion insurance for all MHSA athletic participants and cheerleaders at only \$1.35 per student. 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+	\$226

625 Fall 2024

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.

Attachment (remittance form)

(406) 442-6010

CONCUSSION INSURANCE REMITTANCE FORM

We have enclosed our remittance in the amount of \$191.00 based on the **HIGH SCHOOL ENROLLMENT** (schedule below) to cover our school's share of Concussion Insurance premium for 2025-26.

School: Browning Public School District #9

Date

Signed

High School Enrollment (Grades 9-12) as of FALL REPORT TO OPI, 2024

Enrollment Premium

0-40 \$41.00

41-110 \$66.00

111-200 \$121.00

201-300 \$141.00

301-400 \$171.00

401-800 \$191.00 625 Fall 2024

801+ \$226.00

You must use your high school enrollment per your FALL, 2024 report to OPI or for private schools, use your enrollment as of November 1, 2024.

PLEASE RETURN THIS SIGNED FORM AND YOUR PAYMENT BY **JULY 15, 2025.**

For MHSA Use Only

Date Received: _____

Premium: _____

Check No: _____ Late Fee: _____

Total Received: _____