

## Excess Accident Medical Insurance Request

Please complete all fields and email or fax the request to the CampusConnexions service center.

Phone: 866-838-9536

Fax: 515-365-3005

E-mail: [plsdsteam.service@mercer.com](mailto:plsdsteam.service@mercer.com)

### Complete One Request for Each Camp

#### Activity/Camp Eligibility Guidelines:

- 1) The Activity/Camp must be sponsored by the University and supervised by University personnel. Essentially, a University department must take responsibility for the organization, hosting, and (usually) funding of the activity.
- 2) The Activity/Camp must be one of the following: summer camp, sports activity, field trip, activity involving participants under age 18, or an activity involving more risk than would typically be expected in an academic learning setting (i.e. rock climbing, snow skiing, workshops with power tools, youth livestock show).
- 3) **Ineligible Activities/Camps:**
  - a. University of Kentucky Athletics Department Activity/Camp insurance is managed through a separate policy.
  - b. Student organization activities.
  - c. Activities held on University property but operated by an outside organization.

Is the Activity/Camp eligible for this insurance?  Yes  No

(To determine eligibility, review the [Camp/Activity Eligibility Guidelines](#) above.)

#### Activity/Camp Event Information

Name of Activity/Camp: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Total Number of Activity/Camp Days (*# of Weeks if Tackle Football only*): \_\_\_\_\_

Start Date of Activity/Camp: \_\_\_\_\_

Last Date of Activity/Camp: \_\_\_\_\_

Select **one** type of Activity/Camp below:

- 4-H Activity/Camp (*Select one option below*)
  - 4-H Overnight Camp  4-H Day Camp
- 4-H Sports Camps/Activities (*Select one option below*)
  - Tackle football  Excluding Tackle Football
- Field Trip
- Non-Sports Activity/Camp

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**Description of Activity/Camp (include all activity/camp dates here):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Activity/Camp Location

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

### Department Information *(This application is not for use by the Athletics Dept. which has a separate policy.)*

Department Name: \_\_\_\_\_

Building/Room: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Your signature below certifies that the Activity/Camp described on this request meets the University of Kentucky's conditions for Excess Accident Medical Insurance and, therefore, is eligible to be insured by the University's Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Program Administrator:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC  
CampusConnexions  
P.O. Box 14521  
Des Moines, IA 50306

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

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