



**To:** KC Selected Provider

**From:** Kenyon College / BMI Benefits, LLC.

**Subject:** KC Excess Intercollegiate Athletic Insurance

To Whom It May Concern:

Kenyon College carries an excess sports accident insurance policy which insures our student-athletes when medical claims are incurred as the result of a covered accident or injury while participating in Collegiate athletics.

This year, we have moved our insurance to Bob McCloskey Insurance and BMI Benefits, LLC. Our policy has a \$0 per injury deductible. You should not collect monies from the student-athlete at the time of service. Any deductible amount/copay amount will be eligible under the KC policy with BMI.

When athletes are referred to you by KC Athletics, they should be bringing with them their primary insurance ID card, as well as either a referral form or a secondary insurance information card. Both of these documents have the billing information for BMI Benefits. The itemized bills (HCFA 1500 or UB04) along with the primary E.O.B. should be submitted directly to BMI. At any time, you can contact BMI Benefits for Student-Athlete eligibility, benefits, or status questions at 800.445.3126.

The Assigned Claim Examiner for KC with BMI Benefits is noted below:

Vicki Ramos  
Claims Examiner  
BMI Benefits LLC  
PO Box 511  
Matawan, NJ 07747  
Phone: 800 445-3126 x-56355  
Direct Fax: 732-204-8624  
vicki@bobmccloskey.com  
www.bobmccloskey.com

Sincerely,

Kenyon Athletics

**Kenyon College**

**Policy #: SRG 0009161467**

**Group #: Kenyon College**

Attention Provider: This student-athlete is covered under a Sports Accident Plan offered by his/her college or university.

**POLICY PERIOD: 8/15/24 – 8/14/25**

**BMI Benefits, LLC**

**P O Box 511**

**Matawan, NJ 07747**

**Phone: 800-445-3126 Fax: 732-583-9610**

Policy is underwritten by AIG – National Union Fire Insurance Co.

**CLAIM FILING INSTRUCTIONS**

**Coverage under this policy is Excess of all other insurance and claims must first be submitted to any other insurance.** Initial

medical treatment must be incurred within 180 days from the date of the accident. Claims must be submitted to BMI Benefits LLC within 180 days after the date of treatment. Mail all medical bills and primary insurance statements showing payment or rejection, please include the name of the insured and the name of the school that the student attended to:

**BMI Benefits, LLC**

**P O Box 511, Matawan, NJ 07747**

**Phone: 800-445-3126, Fax: 732-583-9610**

