

2019-2020

Attention OEA Members who are Nurses, Occupational Therapists, Physical Therapists, Dental Hygienists and Athletic Trainers:

This letter is being sent to you in order to determine your interest in receiving extended liability coverage from the OEA/NEA for the 2019-20 school year.

The extended coverage is an endorsement to the regular liability protection that **all** members receive as a benefit of membership.

Under the regular Educators Employment Liability Program, the following coverages are provided:

- * for **nurses**: first-aid and regular nursing services rendered by a school nurse...
- * for **certified health aides**: first-aid and regular nursing services rendered by a certified health aid...under the supervision of a school nurse...
- * for **physical therapists** and **occupational therapists**: physical therapy rendered by a licensed physical therapist or occupational therapy rendered by a licensed occupational therapist...
- * for **psychologists** for rendering psychological therapy or treatment;
- * for **all members** for administering oral prescription medicine to students (at the express request of his or her supervisor or if advance written authorization from parent or guardian has been provided); for rendering emergency first-aid services when a school nurse or other medically-trained personnel are not available; and for rendering health care services to students whom are designated disabled under the Individuals with Disabilities in Education Act (IDEA), when advance written authorization has been provided.

This Extended EEL coverage **extends** the regular EEL Program policy to cover claims arising out of **“teaching and/or supervising.”** It is available **ONLY** to: Nurses, Occupational Therapists, Physical Therapists, Dental Hygienists, and Athletic Trainers.

If your employment situation calls for you to obtain the extended coverage, please complete the form on the back of this letter and sign where indicated to confirm that your position requires Teaching and/or Supervisory services. Send the form via regular mail, via facsimile or by scanning to the address listed on the back of the form. **The OEA will pay the premium for this extended coverage on your behalf.**

If the form is received at OEA by September 20, 2019, your name will be submitted to the insurance company by an established deadline and your coverage will be retroactive to September 1, 2019. Any forms received after that date may not be processed in time to meet the deadline and if so, your coverage would then be in effect from the 1st day of the next month after OEA receives your signed form. **As in the past, you may copy this form for any other OEA MEMBERS in your district who need the extended coverage.**

It is my understanding that the insurance company will send you a separate endorsement to the regular policy. However, because the company provides this benefit for all 50 states, it could take several months to process all of the information.

If you have any questions, please feel free to contact my office at 1-800-282-1500, ext. 3042.

Sincerely,

Matt Cooper-Whitman
Assistant General Counsel

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ATTN: Legal Services – Lori Gray

*Name (Print) _____

Home Address _____

City _____ State _____ Zip Code _____

OEA Membership ID # _____

*School District/Employer _____

*Position: (Choose from below) _____

Nurse, Occupational Therapist, Physical Therapist, Dental Hygienist, Athletic Trainer ONLY

*Home Telephone Number _____

*Work Telephone Number _____

*Email Address _____

I confirm that my position includes teaching and/or supervisory duties.

***Signature:** _____

DEADLINE: SEPTEMBER 20, 2019. If received after that date, coverage will begin the first day of the next month following the date received at OEA and be in effect until the end of the fiscal year – 8/31/20.

REMINDER: You may copy this form if you know of other **OEA MEMBERS** who would qualify to receive this extended coverage.

Please send to Lori Gray: OEA Legal Department, P.O. Box 2550, Columbus, OH 43216, or fax to 614-227-3106, or scan to grayl@ohea.org.

***Required for coverage**