



ILLINOIS
EDUCATION
ASSOCIATION
www.ieanea.org

Kathi Griffin, President
Al Llorens, Vice President
Tom Tully, Secretary-Treasurer
Audrey Soglin, Executive Director

100 East Edwards Street
Springfield, IL 62704-1999
IEA Connect Call Center: 844-432-1800
217-544-0706 • 800-252-8076 • Fax: 217-544-7383

TO: IEA-NEA UniServ Directors and Organizers

FROM: Ronald G. Stradt, Associate General Counsel

DATE: August 27, 2018

RE: **Supplemental EEL Program Coverage for Medical and Related Arts for:
school nurses, occupational therapists, physical therapists, dental
hygienists and athletic trainers**

Important Member Benefit for employees in Health Care fields

Supplemental EEL insurance continues to be available for IEA members employed in medical fields. This supplemental endorsement covers the *teaching* and *supervising* activities of school nurses, occupational therapists, and physical therapists. (These three occupational groups are already covered under the regular EEL policy for *rendering* services in their health care specialties.) Dental hygienists and athletic trainers, however, are not provided coverage for *rendering*, *supervising* or *teaching* by the regular EEL Program and, *through the endorsement, can obtain coverage in all three activity areas. The premium for eligible members is \$13.00 per year.* See attached information about this program. Insurance must be purchased from IEA-NEA by October 15, 2018 for full year coverage. Applications made after that time will be provided coverage on the first day of the month after the insurance company's receipt of the premium through the remainder of the school year.

Also, members can purchase additional Supplemental Risk Insurance that would cover them while self-employed. Details on this policy are on the attachment.

Please copy the attached application form for members wishing to apply for this supplemental coverage. Checks should be made payable to IEA-NEA and mailed as soon as possible, with completed applications to Katie Cisne in the Accounting Department, 100 E. Edwards, Springfield, Illinois 62704. Last year's participants have been sent this memo directly. The form can also be found on the Members Only section of the IEA webpage www.ieanea.org, under the "Benefits" tab.

RSG/jp

cc: Kathi Griffin, President
Audrey Soglin, Executive Director
Jamie Schumacher, Business Manager
Accounting Department Members



**ILLINOIS
EDUCATION
ASSOCIATION**
www.leanea.org

Kathi Griffin, President
Al Llorens, Vice President
Tom Tully, Secretary-Treasurer
Audrey Soglin, Executive Director

100 East Edwards Street
Springfield, IL 62704-1999
IEA Connect Call Center: 844-432-1800
217-544-0706 • 800-252-8076 • Fax: 217-544-7383

TO: IEA-NEA Members in the Health Care Field
FROM: IEA-NEA Legal Services
DATE: August 27, 2018
RE: **Extended Coverage—Educator's Employment Liability EEL
Insurance
Medical and Related Arts Endorsement**

Regular EEL coverage provided by your IEA-NEA membership dues has certain medical exclusions. The following optional coverage is available upon payment of an annual premium:

COVERAGE AVAILABLE TO: School Nurses, Occupational Therapists, Physical Therapists, Dental Hygienists and Athletic Trainers

COVERAGE LIMIT: \$1,000,000 Per Member Per Occurrence/\$3,000,000 Per Occurrence

COST: \$13.00 Annually

ENROLLMENT PROCEDURE: Complete the application form attached. Mail application with a check payable to the **Illinois Education Association-NEA** in the amount of \$13.00, attention to Katie Cisne in the Accounting Department, 100 E. Edwards, Springfield, Illinois 62704.

Premiums received by IEA before October 15, 2018 will provide for coverage retroactive to September 1, 2018. Premiums received after that date will provide coverage beginning on the first day of the month after their information is received by the Insurance Company.

LIABILITY COVERAGE FOR HEALTH CARE EDUCATORS IN 2018-2019

Because the NEA Educators Employment Liability (EEL) Program is restricted in coverage for educators who *teach* and *supervise* in the medical arts area, NEA has made arrangements for certain groups of employees to purchase additional liability insurance coverage. This is an overview of the regular EEL program for NEA members working in health care related areas and the optional extended coverage.

1. Regular Educators Employment Liability (EEL) Program Insurance

The EEL Program insurance policy covers the following medical arts-related job activities (subject to normal policy exclusions):

- ◆ school nurses for *rendering* first-aid and regular nursing services;
- ◆ certified health aides for *rendering* first-aid and regular nursing services, under the supervision of a school nurse;
- ◆ physical therapists for *rendering* physical therapy;
- ◆ occupational therapists for *rendering* occupational therapy;
- ◆ psychologists for *rendering* psychological therapy or treatment;
- ◆ 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);
- ◆ all insured members for *rendering* emergency first-aid services when a school nurse or other medically-trained personnel is not available; and
- ◆ all insured members for *rendering* health care services to students whom are designated disabled under the Individuals with Disabilities in Education Act (IDEA), when expressly required as part of the members' job responsibilities and when the member has received advance written authorization from the student's parent or guardian.

Please note that the *teaching* and *supervising* of medical arts-related services are consistently excluded from the EEL Program.

2. **Extended EEL Program Coverage (Medical Arts Endorsement)**

The NEA EEL Program can be endorsed to broaden coverage for the *teaching* and *supervising* activities of five groups of employees: **school nurses, occupational therapists, physical therapists, dental hygienists and athletic trainers**. Only members in these five occupational categories may purchase the Medical Arts Endorsement.

By endorsing this policy, active members who are school nurses, physical therapists, and occupational therapists are picking up coverage for the *teaching* and *supervising* activities. (These occupational groups are already covered under the regular EEL policy for rendering services in their health care specialties.) Dental hygienists and athletic trainers, however, are *not provided coverage for rendering, supervising, or teaching* through the regular EEL Program and, through the endorsement, pick up coverage in all three activity areas.

The Medical Arts Endorsement is available at a 2018-2019 premium of \$13.00 per member.

3. **Supplemental Risk Insurance For Health Care Providers**

NEA has made arrangements for members who are health care providers/professionals to purchase directly through Lockton Affinity, the following professional liability coverage for medical arts activities. This coverage is not restricted to work for an educational employer. It provides protection for teaching, rendering or supervising activities while employed for a school district or, for example, while self-employed. This policy is purchased directly by the member and entirely separate from the EEL Program insurance policy. The member pays the annual premium and administrative fee which varies with the occupational category and limits of liability chosen, and coverage is available for a wide range of health care professionals—not only those occupation groups that qualify for NEA EEL Program Medical Arts Endorsement.

Members who are interested in this coverage should contact:

Ms. Susan Vance
Lockton Affinity
P. O. Box 879610
Kansas City, MO 64141-5710

Phone: 913-652-5710

Email: svance@locktonaffinity.com

**ENROLLMENT FORM FOR SUPPLEMENTAL EEL PROGRAM
COVERAGE FOR MEDICAL AND RELATED ARTS
APPLICATION FOR CURRENT IEA-NEA MEMBERS ONLY**

Continuous IEA membership is required for participation in this program.

PLEASE PRINT:

Name: _____

Date of Birth: _____ **NEA/Affiliate Membership Number:** _____

Home Address: _____

City, State & Zip: _____

Work Phone: _____

Home Phone: _____

Home Email: _____

PROFESSIONAL CLASSIFICATION (you must check one):

- | | | |
|--------------------------|-------------------------------|----------------|
| <input type="checkbox"/> | School Nurse | \$13.00 |
| <input type="checkbox"/> | Occupational Therapist | \$13.00 |
| <input type="checkbox"/> | Physical Therapist | \$13.00 |
| <input type="checkbox"/> | Dental Hygienist | \$13.00 |
| <input type="checkbox"/> | Athletic Trainer | \$13.00 |

I certify that I am a current IEA-NEA member employed by a school board, board of trustees or similar governing body of an educational unit.

Date: _____ **Signature:** _____

PLEASE RETURN COMPLETED FORM AND CHECK MADE PAYABLE TO:

**IEA-NEA
c/o Accounting Department – Katie Cisne
100 E. EDWARDS STREET
SPRINGFIELD, IL 62704**

Membership Verified By: _____	Date: _____
--------------------------------------	--------------------