

# MARIAN UNIVERSITY ATHLETIC TRAINING

## Health Insurance Information



Please take time to fill out the student-athlete's insurance information. If the student-athlete is covered under a parent/guardian, this form must be accompanied by signature of the policy holder(s). This form must be filed within 48 hours of any insurance carrier change.

Student-Athlete's Name \_\_\_\_\_ SSN \_\_\_\_\_  
Sex:  Male  Female Date of Birth (mm/dd/yy) \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Permanent Phone ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone ( ) \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Medications currently taking? \_\_\_\_\_  
Allergies/Asthma? \_\_\_\_\_

### PRIMARY INSURANCE

Policy Holder \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy / ID# \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Company Phone ( ) \_\_\_\_\_ Type of Insurance:  HMO  PPO  Other  
Primary Care Physician \_\_\_\_\_ Physician's Phone ( ) \_\_\_\_\_  
Is Authorization necessary for medical/diagnostic services?  Y  N Phone ( ) \_\_\_\_\_  
Is your son/daughter covered under this policy?  Y  N Effective Date of Policy \_\_\_\_\_ Exp Date \_\_\_\_\_  
Policy Coverage Limit \$ \_\_\_\_\_ Policy Deductible \$ \_\_\_\_\_ Policy Co-Pay \$ \_\_\_\_\_  
Does the Policy Cover Athletic-related Injuries?  Y  N

### SECONDARY INSURANCE

Policy Holder \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Employer \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy / ID# \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Company Phone ( ) \_\_\_\_\_ Type of Insurance  HMO  PPO  other

#### Athletic Insurance Policy

All students participating in athletics must have adequate health insurance coverage for athletic injury. If a student-athlete is not covered under adequate health insurance program, he/she must obtain coverage before participating in any Marian University athletic program. Marian University and its athletic department are not financially responsible for any medical bills incurred by students involved in any University athletic program. This information sheet must be completed, signed and filed with the University Athletic Training Staff prior to athletic participation by the student. The NCAA requires a student-athlete to have minimum coverage of \$75,000. Please attach a photocopy of your insurance card(s) and proof of adequate coverage to this form.

Primary Policy-holder's Signature \_\_\_\_\_ Date \_\_\_\_\_