Intercollegiate Athletics
Other Insurance Questionnaire

This form **must be completed and signed** by parents in the event of a claim. Any claim for benefits must first be filed with the parent's group insurance company providing coverage to the student (or through spouse's insurance if married, or through student's if any). After they have paid all available benefits, our insurance company may pay any remaining amounts covered, subject to the limits and exclusions of the policy.

NAME OF STUDENT _____ Married __Y __N Date of Birth _____
Address _____ City _____
_____ Phone _____

Is the student covered under one of the policies listed below? __Y __N

FATHER or **Student's Spouse** Please circle one

Name _____
Employed _____Y_____N
Employer _____
Address _____
Street
_____
City State Zip
Phone _____
Contact Person _____
INSURANCE CO. _____
Grp. Policy # _____
Claims Phone # _____

MOTHER or **Student** Please circle one

Name _____
Employed _____Y_____N
Employer _____
Address _____
Street
_____
City State Zip
Phone _____
Contact Person _____
INSURANCE CO. _____
Grp. Policy # _____
Claims Phone # _____

Type of Plan: _____Health Maintenance Organization (HMO) _____Preferred Provider Organization (PPO) _____Other (Describe)

Does your insurance require: A second opinion for surgery? _____Y_____N
Pre authorization? _____Y_____N

If there is medical insurance coverage, and the above student is not covered or is partially covered due to policy limitations, please explain. _____

_____

_____

If your son/daughter has medical insurance coverage as an eligible dependent from your previous marriage, as mandated in a divorce decree, please give details for filing a claim. _____

_____

_____

I/We hereby certify that the foregoing answers are true, complete and correct to the best of my/our knowledge. I/we also hereby authorize any Insurance Company, Organization, Employer, Hospital, Physician, Surgeon, Pharmacy, or other health care provider to release any information with respect to injury, treatment, or insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signed by:

Student _____ Date _____ Spouse _____ Date _____

Father _____ Date _____ Mother _____ Date _____