

Student-Athlete Insurance Information form instructions

- 1. TYPE all requested information first. Handwritten forms will NOT be accepted as completed.**
- 2. Type in N/A (non-applicable) for anything that doesn't pertain.**
- 3. PRINT this form after entering ALL information.**
- 4. The Policyholder MUST sign this form below along with the student-athlete.**
- 5. Submit this completed form with the remaining Pre-Participation documents.**

Note 1: All information is kept confidential.

Note 2: You should SAVE this form to a safe location

KUTZTOWN UNIVERSITY OF PA

Student-Athlete Insurance Information

The following information will be utilized solely by the *Office of Sports Medicine* for arranging medical care and services.
(Please ENTER information in the FIELDS below and then PRINT when complete)

Student's Name _____	Sport(s) _____
Permanent Address _____	Soc. Sec. # _____
City _____ State _____ Zip _____	Birth Date _____
KU ID # _____	Cell Phone # _____ Cell Provider _____
KU Email _____ @live.kutztown.edu	Home Email: _____

Emergency Contact _____	Relationship _____
Home Phone # _____	Work Phone # _____ Cell Phone _____

Father/ Guardian Name _____	Mother/ Guardian Name _____
Address _____	Address _____
Phone _____	Phone _____
E-mail _____	E-mail _____
Employer _____	Employer _____
Phone _____	Phone _____

Primary Insurance Plan: Every student-athlete **MUST** show proof of having **PRIMARY** Medical/Health Insurance.

Policy Holder's Name _____ Policy Holder's Birth Date: _____

Does this plan have a Deductible? YES NO List Amount: **Individual** \$ _____ **Family** \$ _____

What type of Plan is this? HMO PPO Military Medicaid Other (list) _____

****The Policy holder MUST sign this form below**

A **photocopy (front & back)** of the student-athlete's or parent/guardian's **CURRENT / VALID** insurance card **MUST** be supplied below.

**Tape the Front Copy of Your Insurance Card
Here**

(Tape down the full length of all four sides)

**Tape the Back Copy of Your Insurance Card
Here**

(Tape down the full length of all four sides)

I hereby authorize Kutztown University and its Insurance Agent to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo static copy of this authorization shall be deemed as effective and valid as the original.

We authorize KU and its Insurance Agent to pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by KUSSI.

I/we agree that all information provided in this document is accurate and complete to the best of my knowledge and that I/we will update any changes immediately. I/we understand that any incorrect or undisclosed information can result in the improper management of injury(ies) and also duplicate payments. I/we accept all financial responsibility for any injury(ies) improperly managed as a result of incorrect or undisclosed information or failure to follow the procedures listed in the **'Policies & Procedures Regarding Athletic Participation Injury, Illness and Medical Care.**

Signatures (after printing form, sign and date below)

POLICY HOLDER _____ DATE _____

STUDENT ATHLETE _____ DATE _____

Student-Athlete Insurance Information

This page **MUST** be completed if the student-athlete has Secondary Insurance through a parent/guardian or self .
(Please ENTER information in the FIELDS below and then PRINT when complete)

Student's Name _____	Sport(s) _____
Permanent Address _____	Soc. Sec. # _____
City _____ State _____ Zip _____	Birth Date _____

Secondary Insurance Plan:

Policy Holder's Name _____ Policy Holder's Birth Date: _____

Does this plan have a Deductible? YES NO List Amount: Individual \$ _____ Family \$ _____

What type of Plan is this? HMO PPO Military Medicaid Other (list) _____

****The Policy holder MUST sign this form below**

A photocopy (front & back) of the student-athlete's or parent/guardian's CURRENT / VALID insurance card MUST be supplied below.

**Tape the Front Copy of Your Insurance Card
Here**

(Tape down the full length of all four sides)

**Tape the Back Copy of Your Insurance Card
Here**

(Tape down the full length of all four sides)

I hereby authorize Kutztown University and its Insurance Agent to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo static copy of this authorization shall be deemed as effective and valid as the original.

We authorize KU and its Insurance Agent to pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by KUSSI.

I/We agree that all information provided in this document is accurate and complete to the best of my knowledge and that I/we will update any changes immediately. I/we understand that any incorrect or undisclosed information can result in the improper management of injury(ies) and also duplicate payments. I/we accept all financial responsibility for any injury(ies) improperly managed as a result of incorrect or undisclosed information or failure to follow the procedures listed in the **'Policies & Procedures Regarding Athletic Participation Injury, Illness and Medical Care.**

Signatures (after printing form, sign and date below)

POLICY HOLDER _____ DATE _____

STUDENT ATHLETE _____ DATE _____

(PRINT this form after entering ALL information. You will not be able to save this form, so make sure the information is CORRECT.)