



CLARENDON COLLEGE

www.clarendoncollege.edu

Since 1898

HEALTH INSURANCE INFORMATION

Student Athlete: _____ Sport: _____

The Clarendon College Athletic Department athletic accident policy provides insurance for a student-athlete's injuries incurred while participating in a CC sanctioned practice or game, and in adherence to sports medicine policy and procedures. This insurance is "EXCESS" or "SECONDARY" to any other collectable group insurance benefits. Any claim for benefits must first be filed with the athlete's primary insurance company providing coverage to the student athletes. After the primary insurance has paid all available benefits, the claim will be submitted to CC athletic insurance company.

Please note:

- Most group insurance allows dependent coverage to be continued to age 23 if the dependent is a full time student. DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics.

IN ORDER FOR A STUDENT-ATHLETE TO BE ELIGIBLE TO PARTICIPATE IN INTERCOLLEGIATE ATHLETICS AT CC, THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE COMPLETED, SIGNED AND RETURNED EACH SCHOOL YEAR.

Name: _____ Social Security #: _____

Home Phone Number: _____ Date of Birth: _____

Home Address: _____
(street) (city, state, zip code)

My son/daughter is covered under my insurance or policy of his/her own. Y / N

Insurance Company: _____ **Phone #:** _____

Billing Address: _____

Plan #: _____ **Policy:** _____

Group #: _____ **Dependent ID #:** _____

Is Student Athlete covered under the above policy? Y _____ N _____

Does this insurance require: Preauthorization for services? Y _____ N _____ **Is this insurance? HMO:** Y _____ N _____

Second opinion for surgery? Y _____ N _____ **PPO:** Y _____ N _____

Primary Care Physician: _____ **Phone #:** _____

Has Student Athlete seen their Primary Care physician before? Yes _____ No _____

I hereby authorize a claim to be filed on my behalf under the above medical policy in the event of an athletic injury sustained by _____
(Student-athlete name)

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Student Athlete (If covered under own policy): _____ Date: _____

****ATTACH PHOTOCOPY OF INSURANCE CARD (FRONT & BACK) TO THIS FORM****