



CLARENDON COLLEGE

www.clarendoncollege.edu

Since 1898

Clarendon College 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 athlete. After the primary insurance has paid all available benefits, the claim will be submitted to CC's athletic insurance company.

Please note:

- Most group insurance companies allow dependant coverage to be continued to age 23 if the dependant is a full time student. DO NOT drop dependant 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 FULLY COMPLETED, SIGNED, AND RETURNED EACH SCHOOL YEAR.

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

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 #: _____ Dependant 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 b y

(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: _____