



Department of Athletics
 Athletic Training Room
 (508) 999 - 8731
 Fax (508) 910-6539

**INSURANCE VERIFICATION FORM
 2009-2010**

Our athletic accident policy which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is an "EXCESS" or "SECONDARY" insurance to any other collectible group insurance company providing coverage to your son or daughter. After they have paid all available benefits, and after a deductible of \$100 (the responsibilities of your son or daughter), the school's policy will consider the remaining amounts based on the usual and customary charges. Thus it is important that you fill out and sign this form so that we have information regarding other insurance. **WE, AS THE SCHOOL, DO NOT HAVE THE OPTION OF WAIVING THE REQUIREMENTS OF FILING WITH YOUR INSURANCE GROUP.**

Name of Student _____ Sport(s) _____

Name of Parent/Guardian _____ Phone# _____

NAME OF INSURANCE COMPANY	_____
ADDRESS OF INSURANCE COMPANY	_____ _____
PHONE # OF INSURANCE COMPANY	_____
POLICY IDENTIFICATION NUMBER	_____
SUBSCRIBER'S NAME _____	RELATIONSHIP _____
SUBSCRIBER'S DATE OF BIRTH _____	
HMO? YES NO	
If YES, give name of PCP and phone #	_____

I acknowledge receiving the "Athletic Injury Insurance Letter". I understand the extent of the school's responsibility to an athlete who becomes injured as a result of participation in the intercollegiate sports program. I also understand there is an assumed risk in intercollegiate athletics.

I, hereby authorize UMass Dartmouth/ABCO 100 and/or its medical vendors to make direct claim for bills incurred to the above named insurance carrier for the above named student athlete.

Signature _____
 (If under 18 must be signed by parent)

Date _____