

INSURANCE QUESTIONNAIRE

SPORT: _____

UVSC Athletics
SPRING 2007

****This form should be completed by the student-athlete's primary insurance holder prior to an athlete's participation in sports and kept on file in the athletic department in the event of a claim.**

NAME OF STUDENT: _____ SOCIAL SEC.#: _____ UVID: _____

STUDENT-ATHLETE IS COVERED BY: OWN POLICY PARENT/GUARDIAN POLICY

IS THE STUDENT COVERED BY ANY ADDITIONAL POLICIES _____ YES _____ NO
IF YES, PLEASE PROVIDE ADDITIONAL INSURANCE INFORMATION BY DUPLICATING THIS FORM

POLICY HOLDER INFORMATION:

POLICY HOLDER'S NAME _____ SOC. SEC. # _____

ADDRESS: _____
Street # _____ City _____ Zip _____

PHONE HOME: _____ PHONE CELL: _____ EMAIL: _____

EMPLOYED _____ YES _____ NO EMPLOYER NAME _____

DO YOU HAVE MEDICAL INSURANCE COVERAGE THROUGH YOUR EMPLOYER? _____ YES _____ NO

INSURANCE INFO:

INS. CO.: _____

POLICY/GROUP #: _____

MEMBER #: _____

ADDRESS: _____

PHONE: _____

WEB/EMAIL _____

POLICY EFFECTIVE DATE: _____

PRESCRIPTION DRUG COVERAGE YES NO

REQUIRES PRE-AUTHORIZATION? YES NO IF YES, CALL PHONE # _____

POLICY VALID THRU: DATE _____ UNTIL EMPLOYMENT TERMINATION

PLAN INFORMATION:

HEALTH MAINTENANCE ORG. (HMO) _____

PREFERRED PROVIDER ORG. (PPO) _____

IN-NETWORK COINSURANCE % _____

OUT-OF-NETWORK COINSURANCE % _____

DEDUCTIBLE \$ _____

OUT-OF-POCKET MAXIMUM \$ _____

OFFICE VISIT COPAY \$ _____

URGENT CARE COPAY \$ _____

ER COPAY IN-NETWORK \$ _____

ER COPAY OUT-OF-NETWORK \$ _____

I VERIFY THAT THIS POLICY COVERS INTERCOLLEGIATE ATHLETICS _____ Policy Holders Initials

-Please explain other policy limitations (if any) _____

-Parent/guardian, 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 AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE UNDERSTAND THAT ANY INCORRECT OR UNDISCLOSED INFORMATION CAN RESULT IN DUPLICATE PAYMENTS CREATING A SUBSTANTIAL OVERPAYMENT. THE RESPONSIBILITY OF SUCH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE IN FULL, UPON REQUEST, ALL AMOUNTS DEEMED REFUNDABLE.

STUDENT-ATHLETE _____

DATE _____

PARENT/GUARDIAN (POLICY HOLDER) _____

DATE _____

Photo Copy of Insurance Card Attached (copy front and back)