

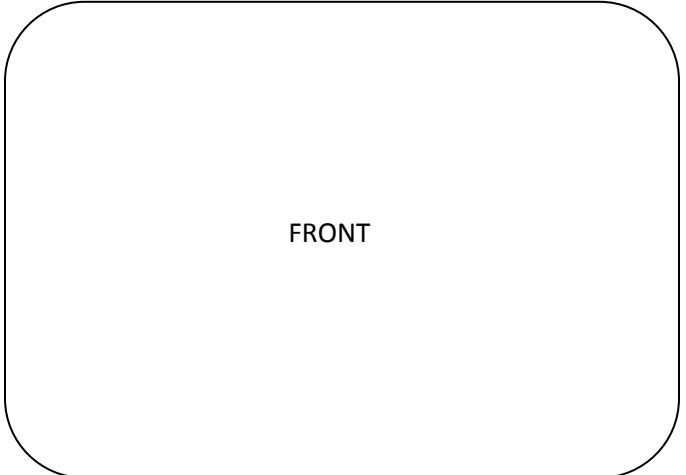
Eastern Arizona College
STUDENT ATHLETE INSURANCE INFORMATION FORM

Last Name _____	First Name _____
SSN _____	Date of Birth _____
Sport _____	Year at EAC <u>1st</u> <u>2nd</u> <u>3rd</u>
Home Address _____	City, State, Zip _____
Cell Phone _____	Home Phone _____

Insurance Type:	Primary	Secondary	Dental	Vision	Other:
Policy Holder's Name _____				Relationship to Student-Athlete _____	
Policy Holder's Date of Birth _____				Policy Holder's SS# (Optional) _____	
Employer _____				Employer City _____	
Ins. Co. Name _____				Policy or ID # _____	
Ins. Co. Phone # _____				Group or Plan # _____	
Is pre-authorization required for non-emergency procedures? _____	Yes _____	No _____	Does this policy cover athletic-related injuries? _____	Yes _____	No _____

Emergency Contact Name _____	Emergency Contact Phone # _____
Medical Alerts _____	(i.e. food and medicine allergies, diabetes etc.)

Insurance Card Copy



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STUDENT ATHLETE INSURANCE ACKNOWLEDGEMENT FORM

According to the Graham County Community College District Policy 5340.00 student athletes are expected to maintain personal insurance in addition to coverage provided by the College.(1)

Name: _____ Sport: _____

- I acknowledge that the medical insurance coverage on the previous page is primary coverage and that the College's insurance coverage is secondary. I will be responsible for deductibles and copays.
- I also acknowledge the College's insurance will only issue payment for injuries sustained in association with officially sanctioned Athletic Events.
- I will process necessary claim documents with my insurance carrier within 30 days of receipt. If I fail to process the necessary forms within 30 days of receipt, I accept responsibility for full payment of athletic injury medical claims.
- I understand that I am responsible for providing primary medical insurance coverage for the abovementioned athlete while s/he is attending college and participating in athletics that will provide coverage in Graham County.

Student Athlete Signature

Date

Parent/Guardian Signature

Date

5340.00 Eastern Arizona College shall maintain insurance to assist athletes with the cost of injuries sustained while participating in officially sanctioned athletic activities.

Athletes shall be expected to maintain personal insurance in addition to coverage provided by the College.

Payments for injuries sustained in association with officially sanctioned Athletic Events.

Payments for injuries in official Eastern Arizona College athletic events will be determined by the College President or personnel designated by the College President on the following basis:

1. Individual or family policy covering the athlete.
2. If injury amount is more than individual/family coverage, a secondary policy will be provided by Eastern Arizona College to assist with total costs.
3. Once coverage in items (1) and (2) are expired, the student athlete and/or his/her parents shall assume responsibility for the balance due