

PARENT'S INSURANCE FORM

Athlete's Name	Social Security Number
Sport	School <b style="text-align: center;">William Carey University

Dear Parent:

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 "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY charges.

WE, AS THE SCHOOL, **DO NOT** HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE.

PLEASE NOTE:

1. Most employer's group insurance allows dependent coverage to be continued to age 24 if the dependent is a full-time student. DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan DO NOT increase your individual insurance premiums.

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED.

Please circle the individual listed as the insured on your primary/personal plan and complete all requested information:

Father / Guardian / Spouse / Self (Athlete)

Primary Insured's Name	Primary Insured's Social Security Number	
Home Address (Street) (City, State, Zip Code)		
Home Telephone Number	Cell Phone Number	Work Telephone Number
Check all that apply: <input type="checkbox"/> My son/daughter is NOT covered under my employer's group insurance policy <input type="checkbox"/> My son/daughter is NOT covered under ANY HEALTH OR ACCIDENT INSURANCE POLICY <input type="checkbox"/> My son/daughter is covered by his/her other parent's employer group insurance policy <input type="checkbox"/> My son/daughter is covered by an individual insurance or other group insurance policy (complete <i>Other Insurance</i> section) <input type="checkbox"/> I, _____ hereby authorize William Carey University to file claim(s) under the following group medical policy for my dependent, _____ in the event of an athletic injury.		
Employer's Name		
Employer's Address		
Name of Group Insurance Company	Group Number	Policy Number
Mailing Address for Claims		
IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? <input type="checkbox"/> YES; <input type="checkbox"/> NO Does your insurance require: A Second opinion for surgery? <input type="checkbox"/> YES; <input type="checkbox"/> NO Is your insurance an HMO? <input type="checkbox"/> YES; <input type="checkbox"/> NO Pre-Authorization for services? <input type="checkbox"/> YES; <input type="checkbox"/> NO Is your insurance an PPO? <input type="checkbox"/> YES; <input type="checkbox"/> NO		
I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A photostatic copy of this authorization shall be considered as effective and valid as the original.		
Signature of Parent/Guardian		Date

Athlete's Name:

Please circle the individual listed as the insured on your primary/personal plan and complete all requested information:

Mother / Guardian / Spouse / Self (Athlete)

Primary Insured's Name		Primary Insured's Social Security Number
Home Address (Street)		(City, State, Zip Code)
Home Telephone Number	Cell Phone Number	Work Telephone Number
Check all that apply: <input type="checkbox"/> My son/daughter is NOT covered under my employer's group insurance policy <input type="checkbox"/> My son/daughter is NOT covered under ANY HEALTH OR ACCIDENT INSURANCE POLICY <input type="checkbox"/> My son/daughter is covered by his/her other parent's employer group insurance policy <input type="checkbox"/> My son/daughter is covered by an individual insurance or other group insurance policy (complete <i>Other Insurance</i> section) <input type="checkbox"/> I, _____ hereby authorize William Carey University to file claim(s) under the following group medical policy for my dependent, _____ in the event of an athletic injury.		
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IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? <input type="checkbox"/> YES; <input type="checkbox"/> NO Does your insurance require: A Second opinion for surgery? <input type="checkbox"/> YES; <input type="checkbox"/> NO Is your insurance an HMO? <input type="checkbox"/> YES; <input type="checkbox"/> NO Pre-Authorization for services? <input type="checkbox"/> YES; <input type="checkbox"/> NO Is your insurance an PPO? <input type="checkbox"/> YES; <input type="checkbox"/> NO		
I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A photostatic copy of this authorization shall be considered as effective and valid as the original.		
Signature of Parent/Guardian		Date

Other Individual or Group Insurance Policy In Effect (Non-Employer)

Please circle the relationship of the primary insured below to the student athlete: **Parent / Spouse / Self (Athlete) / Other** _____

Primary Insured's Name		Primary Insured's Social Security Number
Home Address (Street)		(City, State, Zip Code)
Home Telephone Number	Cell Phone Number	Work Telephone Number
Check all that apply: <input type="checkbox"/> I am covered under my parent(s) employer's group insurance policy (see above) <input type="checkbox"/> I, _____ hereby authorize William Carey University to file claim(s) under the following group medical policy for my dependent/ myself, _____ in the event of an athletic injury.		
Name of Group Insurance Company	Group Number	Policy Number
Mailing Address for Claims		
Does your insurance require: A Second opinion for surgery? <input type="checkbox"/> YES; <input type="checkbox"/> NO Is your insurance an HMO? <input type="checkbox"/> YES; <input type="checkbox"/> NO Pre-Authorization for services? <input type="checkbox"/> YES; <input type="checkbox"/> NO Is your insurance an PPO? <input type="checkbox"/> YES; <input type="checkbox"/> NO		
I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A photostatic copy of this authorization shall be considered as effective and valid as the original.		
Signature of Parent/Guardian		Date

Athlete's Name: _____

Sport: _____

Attach a CLEAR / READABLE copy of the front and back of your insurance card(s) below along with a copy of your driver's license. This MUST be on file before the athlete is allowed to participate in any practices or games. Exception: international students will get insurance once they are enrolled at WCU, but they must attach a copy of their passport below: