Indiana Tech
Intercollegiate Athletic Insurance Information

Please Complete ALL Blanks! Failure to complete all blanks will delay claims processing. If information is not applicable, indicate the reason, i.e. deceased, divorced, unknown.

Name (Print) _____ Date _____/_____ /_____

Date of Birth _____ /_____ /_____ Soc. Sec. # _____-_____ -_____

Sport _____ Year of Eligibility 1 2 3 4 5

School Address_____ Phone ( )_____

Dorm/Street City State Zip Code

Home Address_____ Phone( )_____

Street City State Zip Code

Parent/Guardian Information

Mother

Name_____
SSN _____
Home Address _____
_____
_____
Home Phone # _____
Employer _____
Work Address _____
_____
Work Phone # _____

Do you have medical insurance coverage? Yes No

Insurance Co._____
Address _____
Policy Number _____
Group Number _____
Insurance Co. Phone # _____
Is authorization required for emergencies? Yes No

Type of Plan (check one) HMO_____
PPO_____
Other (please describe)_____

Father

Name_____
SSN _____
Home Address _____
_____
_____
Home Phone # _____
Employer _____
Work Address _____
_____
Work Phone # _____

Do you have medical insurance coverage? Yes No

Insurance Co._____
Address _____
Policy Number _____
Group Number _____
Insurance Co. Phone # _____
Is authorization required for emergencies? Yes No

Type of Plan (check one) HMO_____
PPO _____
Other (please describe)_____

If both Mother and Father have insurance, which one is Primary?_____

******If athlete is NOT covered by either parent's insurance, he/she MUST take the Student Accident & Sickness Insurance.

I hereby authorize Indiana Tech, K&K Insurance and all other necessary parties to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. We also authorize Indiana Tech or its insurance agent to pay medical vendors directly for any bills incurred from intercollegiate athletic injuries.

Required Signatures:

Student Signature_____ **Parent Signature_____**