

UNIVERSITY OF WISCONSIN-WHITEWATER ATHLETIC TRAINING
Health Insurance Information



Please take time to fill out the student-athlete's insurance information. If the student-athlete is covered under a parent/guardian, this form must be accompanied by signature of the policy holder(s). This form must be filed within 48 hours of any insurance carrier change.

Student-Athlete's Name _____ SSN _____
 Sex Male Female Date of Birth (mm/dd/yy) _____ Sport(s) _____
 Permanent Address _____
 City _____ State _____ Zip Code _____
 Permanent Phone _____ Cell Phone Number _____
 School Address _____
 School Phone _____ Student ID Number _____
 Medications currently taking? _____
 Allergies/Asthma? _____

PRIMARY INSURANCE

Policy Holder _____
 SSN _____ DOB _____
 Home Address _____

 Home Phone _____
 Employer _____
 Employer Address _____

 Work Phone _____
 Insurance Company _____
 Policy / ID# _____
 Group # _____
 Insurance Company Phone # _____
 Type of Insurance HMO PPO other
 Primary Care Physician _____
 Physician's Phone _____
 Is Authorization necessary for medical/diagnostic services?
 YES NO Phone # _____
 Is your son/daughter covered under this policy? Y N
 Effective Date of Policy _____

PRIMARY INSURANCE (CONT.)

Expiration Date _____
 Policy Coverage Limit \$ _____
 Policy Deductible \$ _____ Policy Co-Pay \$ _____
 Does the Policy Cover Athletic-related Injuries? Y N
 Does the policy cover Dr. Fideler and/or Dr. Delo at Mercy
 Walworth in Lake Geneva, WI Y N

SECONDARY INSURANCE

Policy Holder _____
 SSN _____ DOB _____
 Home Address _____

 Home Phone _____
 Employer _____
 Insurance Company _____
 Policy / ID# _____
 Group # _____
 Insurance Company Phone # _____
 Type of Insurance HMO PPO other

Athletic Insurance Policy

All students participating in athletics must have adequate health insurance coverage for athletic injury. If a student-athlete is not covered under adequate health insurance program, he/she must obtain coverage before participating in any University of Wisconsin-Whitewater athletic program. The University of Wisconsin-Whitewater and its athletic department are not financially responsible for any medical bills incurred by students involved in any University athletic program. This information sheet must be completed, signed and filed with the University Athletic Training Staff prior to athletic participation by the student. **The NCAA requires a student-athlete to have minimum coverage of \$75,000. Please attach a photocopy of your insurance card(s) and proof of adequate coverage to this form.**

Primary Policy-holder's Signature _____ Date _____