

UNIVERSITY OF WISCONSIN-OSHKOSH SPORTS MEDICINE

Health Insurance Information / Authorization



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 signatures of the policy holder(s). This form must be filed within 48 hours of any insurance carrier change. Returning athletes with no change in coverage from previous participation must initial and date this form yearly.

(PLEASE PRINT CLEARLY IN BLUE OR BLACK INK ONLY)

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/School Phone _____
Emergency Contact Person _____ Contact Phone _____
Medications currently taking? _____
Allergies/Asthma? _____

PRIMARY INSURANCE	PRIMARY INSURANCE (CONT.)
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 _____ Expiration Date _____ Policy Coverage Limit \$ _____ Policy Deductible \$ _____ Policy Co-Pay \$ _____ Does the Policy Cover Athletic-related Injuries? ___ 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 an adequate health insurance program, he/she must obtain coverage before participating in any University of Wisconsin-Oshkosh athletic program. The University of Wisconsin-Oshkosh 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 any 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 _____

Secondary Policy-holder's Signature _____ Date _____

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I, _____, as parent, guardian or legal representative, attest
(name, please print)

that _____ has insurance coverage under a current, in
(student-athlete name)

force insurance policy for injuries that occur while participating in Intercollegiate Athletics at UW Oshkosh and the policy has a minimum limit of \$75,000.

If there is a material change in coverage or expiration of coverage, I agree to notify UW Oshkosh Athletic Training of this development and update the insurance information I have on file with UW Oshkosh.

I understand and agree that UW Oshkosh will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in Intercollegiate Athletics at UW Oshkosh.

(signature)

(date)

THIS FORM MUST BE SIGNED AND RETURNED ALONG WITH A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD AND THE COMPLETED HEALTH INSURANCE INFORMATION/AUTHORIZATION FORM.

Return To:

**Wade Peitersen
Head Athletic Trainer
University of Wisconsin Oshkosh
Kolf Sports Center 169-L
Oshkosh WI 54901**