

TO: Johnson State College Student-Athletes and Their Parents

FROM: JSC Athletic Training

SUBJECT: Insurance for the 2010-2011 Academic Year

Please note, all Johnson State College student-athletes must provide evidence of insurance that includes coverage for athletically related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the Johnson State College department of athletics. This requirement is fulfilled by sending a photocopy of both sides of your insurance card and by filling out the acknowledgement of insurance form. By signing the enclosed acknowledgement of insurance requirements form, you are stating that you are aware of the requirements and that your policy meets the minimum coverage limits.

Insurance coverage must have a minimum of at least \$75,000 and cover athletically related injuries. If your insurance does not meet these requirements, Johnson State College will review the individual circumstances to determine if the insurance meets the insurance coverage requirement.

The NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$75,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at Johnson State College. It is a supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's web-site at www.ncaa.org.

Johnson State College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics.

If you have questions regarding terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

If you have questions regarding this requirement, please contact us at 802-635-1487

Emergency Contact Information

Student-Athlete Name: _____ Sport: _____

Date of Birth: _____ Age: ____ Academic Year: FR So Jr Sr

Local (JSC) Address: _____

Residence Hall/Room #: _____

Local (JSC) Phone: _____ Mobile Phone: _____

Email Address: _____

Parent Name(s): _____

Parent Address: _____

Parent Primary Phone: _____ Alternate Phone: _____

Secondary Emergency Contact: _____

Relationship: _____ Contact Phone: _____

Insurance Policy Information

Policy Holder's Name: _____ Relationship to Student-Athlete: _____

Policy Holder's Address: _____

Home Phone: _____ Mobile/Work Phone: _____

Insurance Company: _____

Group/Plan Number: _____ Identification Number: _____

Insurance Phone Number: _____

Insurance Company Address: _____

Effective Date of Policy: _____ Expiration Date of Policy: _____

Does this insurance policy cover athletically related injuries? Yes No

Please Check One: HMO PPO other

DOES THIS POLICY REQUIRE A REFERRAL FROM A PRIMARY CARE PHYSICIAN (PCP) TO SEE A SPECIALIST?
Yes No

Primary Care Physician (PCP): _____ Phone Number: _____

A COPY (FRONT & BACK) OF CURRENT INSURANCE CARD MUST BE INCLUDED WITH THIS FORM

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18 years): _____

For Parents

I, _____, as parent/guardian or legal representative, attest that my son/daughter, _____, has insurance coverage under a current, in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

For Student-Athlete (if he/she has a personal insurance policy not under a parent/guardian policy)

I, _____, attest that I have insurance coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics.

I agree to notify Johnson State College Athletic Training Department immediately if there is a material change in my insurance coverage or if there is an expiration of the coverage information that I have submitted.

I understand and agree that Johnson State College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics.

Student-Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature (if student is < 18 yrs old): _____ **Date:** _____

**** You must include a photocopy front/back of your current insurance card****