

**Ave Maria University Student-Athlete
Insurance Form 2011-2012**

THIS FORM IS TO BE COMPLETED BY PARENTS PRIOR TO AN ATHLETE'S PARTICIPATION IN SPORTS AND KEPT ON FILE IN THE ATHLETIC DEPARTMENT IN THE EVENT OF A CLAIM. PLEASE SUBMIT A COPY OF ALL INSURANCE CARDS (FRONT AND BACK) WITH THIS FORM. THIS FORM MUST BE LEGIBLE.

Name: _____ SSN: _____ DOB: _____
 Sport: _____ Cell #: _____
 Home Address: _____ Home Phone #: _____

Father	Mother
Name: _____	Name: _____
Cell #: _____	Cell #: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____

PRIMARY INSURANCE

DENTAL INSURANCE

Insurance Co Name _____	Insurance Co Name _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____	Telephone: _____
Subscriber: _____	Subscriber: _____
Subscriber DOB: _____	Subscriber DOB: _____
Plan: <u> </u> HMO <u> </u> PPO <u> </u> Standard <u> </u>	Plan: <u> </u> HMO <u> </u> PPO <u> </u> Standard <u> </u>
Policy #: _____	Policy #: _____
Group #: _____	Group #: _____
Employee ID #: _____	

HMO/PPO
 Primary Care Physician: _____
 Phone #: _____

Secondary Insurance
 Policy Holder: Ave Maria University
 Company: AG Administrators
 Address: PO Box 979
 Valley Forge, PA 19482
 Phone: 800-634-8628
 Policy #: US037424

Primary Insurance Deductible \$: _____

I/We agree that all information provided in this document is accurate and complete to the best of my/our knowledge.

PARENT/GUARDIAN/FATHER _____ DATE _____
 PARENT/GUARDIAN/MOTHER _____ DATE _____