

PARENT'S INSURANCE INFORMATION

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in play or practice of intercollegiate sports is “**EXCESS**” or “**SECONDARY**” to any other collectible group insurance benefits. **This simply means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter** through your employer or your spouse’s employer. **Parents may or may not be responsible for up to a \$1,000 deductible, which would include what your insurance company has paid.** After your primary insurance has paid all available benefits, and the deductible has been met, our athletic insurance company will pay the remaining amounts based on “**USUAL**” and “**CUSTOMARY**” charges.

We as the school, **do not have** the option of waiving the requirement of filing with your group insurance.

Most employer’s group insurance allows dependent coverage to be continued to age 23 if the dependent is a full-time student. **Do not** drop dependent coverage while your son or daughter is participating in intercollegiate athletics. Claims against your group insurance plan **do not** increase your individual insurance premiums.

If your son or daughter is **covered by an out of town HMO** it is highly recommended that all referrals are done prior to the school year. By doing this, when and if medical attention is needed, all bases have been covered and your child is not sent someplace where the bill will not be covered. Please make sure your child has all the necessary information while away from home. A copy of the medical insurance card is very helpful and can be sent in with this form so we have it on record.

Please fill out and return the enclosed insurance form -- this completed form is required to participate in intercollegiate sports at CNU. If you have any questions regarding the school’s insurance please feel free to contact me.

Sincerely,

Chris Jones ATC CSCS
Head Athletic Trainer
757 - 594 - 7023

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED, FOR YOUR CHILD TO BE ABLE TO PARTICIPATE AT CNU.

ATHLETE'S NAME: _____ DOB: _____ SPORT: _____
ATHLETE'S SOCIAL SECURITY NUMBER: _____ CNU ID #: _____
CELL PHONE # _____ CNU PHONE # _____

FATHER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) - ____ - _____

EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) - ____ - _____

INSURANCE COMPANY: _____
INSURANCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) - ____ - _____ POLICY #: _____ *****
GROUP #: _____ *****

IS YOUR DEPENDENT SON OR DAUGHTER COVERED UNDER THE ABOVE POLICY?
YES NO

DOES YOUR INSURANCE REQUIRE:
SECOND OPINION FOR SURGERY? YES NO
PRE-AUTHORIZATION FOR SERVICES? YES NO

MOTHER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) - ____ - _____

EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) - ____ - _____

INSURANCE COMPANY: _____
INSURANCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) - ____ - _____ POLICY# _____ *****
GROUP #: _____ *****

IS YOUR DEPENDENT SON OR DAUGHTER COVERED UNDER THE ABOVE POLICY?
YES NO

DOES YOUR INSURANCE REQUIRE:
SECOND OPINION FOR SURGERY? YES NO
PRE-AUTHORIZATION FOR SERVICES? YES NO

MY CHILD HAS NO HEALTH INSURANCE. _____ (PLEASE CHECK IF THIS APPLIES TO YOUR CHILD)

I am fully aware that CNU has a \$1,000 deductible for every claim that is filed. This means that between my insurance company and myself we are responsible for this deductible.

PARENT'S SIGNATURE: _____ DATE: _____

***** required fields to be fill in