

INSURANCE QUESTIONNAIRE

This form **must** be completed and signed by the athlete's parents. Any claim for benefits must first be filed with the parents' insurance company providing coverage to the student (or through spouse's insurance if married, or through student's insurance, if any). After they have paid all available benefits, our insurance will pay any remaining amounts covered, up to the limits of the policy.

NAME OF STUDENT: _____ Married? ___ Y ___ N DOB _____
 Address _____ State/City/Zip _____
 SS# _____ Phone # _____ Sport _____

Are you covered under one of the policies listed below? _____ Y _____ N

Father or Student's Spouse (Please circle one)
 Name _____
 Address _____
 SS# _____
 Employed ___ Y ___ N _____
 Employer _____
 Address _____
 City/State/Zip _____
 Phone _____
 Contact Person _____
 Insurance Co _____
 Group Policy # _____
 Claims Phone # _____

Mother or Student (Please circle one)
 Name _____
 Address _____
 SS# _____
 Employed ___ Y ___ N _____
 Employer _____
 Address _____
 City/State/Zip _____
 Phone _____
 Contact Person _____
 Insurance Co _____
 Group Policy # _____
 Claims Phone # _____

Type of Plan _____ HMO _____ PPO _____ Other (Describe) _____
 Does your insurance require: A second opinion for surgery? _____ Y _____ N
 Pre-authorization? _____ Y _____ N

If there is medical insurance coverage, and the above student is not covered or is partially covered due to policy limitations, please explain. _____

If your son/daughter has medical insurance coverage as an eligible dependent from your previous marriage as mandated in a divorce decree, please give details for filing a claim. _____

I/We hereby certify that the foregoing answers are true, complete and correct to the best of my/our knowledge. I/We also hereby authorize any insurance company, organization, employer, hospital, physician, surgeon, pharmacy, or other health care provider to release any information with respect to injury, treatment, or insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Father/Guardian _____ Mother _____ Date _____
 Spouse _____ Student _____ Date _____

**NORTH IDAHO COLLEGE CAN NOT PROCESS ANY CLAIM UNLESS
 THIS INFORMATION IS ON FILE IN THE NIC ATHLETICS OFFICE.**