

Defiance College Personal Insurance Information Form

Please Print Student Name: _____

DOB: _____ - _____ - _____ ID#: _____

Do you wish to purchase the Health Insurance offered through Defiance College? Y - N

If "YES" please complete sections 3 and 4 and return to the registration center by August 1.

If "NO" please complete all sections of the form and return to the registration center before August 1st **or you may be enrolled/charged for the school insurance automatically.**

1. Medical Insurance Information:

-Are you covered by a Health Insurance policy (other than through Defiance College) either under your name, or through a parent or guardian? Y - N

(if yes, please complete the following - If no, skip to section 4)

-Does this policy have exclusion for coverage during collegiate sports participation? Y - N

Person Holding Medical Insurance: _____	
Relationship to Student: _____	Effective Dates of Coverage: _____ till _____
Insurance Company Name: _____	Phone: _____
Identification Number: _____	Policy Number: _____ Group Number: _____
Is this medical insurance a... PPO _____ HMO _____ If yes to either of these, who is your primary care physician? _____ Office Phone: (_____) _____ - _____	

2. Copy of Insurance Card: Attach a copy of your insurance card (front and back) with this form.

3. Parent / Guardian Emergency Contact Information:

Name: _____ Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ ext: _____

Employer: _____ Work / Home Fax: (_____) _____ - _____

4. Medical History:

Please indicate medical condition(s) that should be considered in case of an emergency. (i.e. allergies to medications, heart conditions, asthma...etc.)

By signing below, the student, and parents/guardians do hereby affirm that the above information is true and accurate to the best of their knowledge.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

(required if student is under the age of 18)

This information is required by the NCAA and Defiance College policy on an annual basis as part of the "registration" process. This information will be kept confidential and only utilized by the Health Center, Athletic Department or in case of emergency.