



Athletic Department Insurance Information Form

Complete and return or fax to: Oakton Community College, Office of Athletics, Attn: Lisa Bolinder

Note: Complete all information. Failure to complete entire form will result in claims processing delays. If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

Name of Athlete _____ Sport _____

Social Security Number _____ Age _____ Date of Birth _____

Permanent Address _____

City _____ State/Zip _____

Current Address (if different from above) _____

City _____ State/Zip _____

Home Phone _____ Cell Phone _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name _____

Name _____

Address _____

Address _____

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Employer _____

Employer _____

Address _____

Address _____

Phone _____

Phone _____

Medical Insurance Company/Plan _____

Medical Insurance Company/Plan _____

Address _____

Address _____

Phone _____

Phone _____

Name of Insured _____

Name of Insured _____

Relationship to Athlete (Parent, guardian, self) _____

Relationship to Athlete (Parent, guardian, self) _____

Policy/ID Number _____

Policy/ID Number _____

Note: A copy of your medical insurance card (front and back) must accompany this form.

Name of primary Medical Insurance Company covering student athlete _____

Is the primary company considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)?

HMO PPO If HMO: Name of Primary Care Physician _____ Network _____

HMO guest membership must be obtained if the student athlete will be living out of your network.

Name of new Primary Care Physician _____ Network _____

Is pre-authorization required to obtain treatment? Yes No

Does your insurance/plan require a second opinion before surgery? Yes No

We authorize that Oakton Community College or its insurance agent pay the medical vendors direct for any bills incurred from intercollegiate athletic injuries that are covered under the coverage purchased by Oakton Community College.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____