BLUFFTON UNIVERSITY
BLUFFTON, OHIO

FORM B

Insurance Information for Intercollegiate Athletes

1. Student's name_____

Parent's name _____
(Phone Number)

Street Address _____
(Street) (City) (State) (Zip)

Card Holder's SS#_____ Card Holder's Date of Birth_____

2. Planned Sport(s) Participation

_____

3. Does your son or daughter have any allergies? _____

4. Emergency Contact:

Name: _____ Phone Number: _____

5. Is your son/daughter covered at this time by your present surgical & hospital insurance policy? ____ Yes ____ No

6. Is your insurance a group policy through your employer? ____ Yes ____ No

If yes, name of your employer_____

7. Is your son or daughter covered at this time through affiliation with an HMO or PPO?

_____ Yes _____ No

8. Please give us the following information:

Name of Insurance Company_____

Insurance Company's Phone #_____

Address _____

____ _____

Certificate Number _____

Your insurance claims office location _____

Policy numbers _____

_____

Amount of Deductible _____

Please note that insurance provided by Bluffton University is limited to "usual and customary" charges.

_____ _____
Date Parent or Guardian's Signature

Please sign and return along with a copy of parent or guardian's insurance card to: Bluffton University, Athletic Department, 1 University Dr., Bluffton, OH 45817-2104