

Pennsylvania College of Technology

PENNSTATE



Insurance Form

Wildcat Athletics Department
Student & Administrative Services Center, Rm. 1083

Failure to complete all blanks could result in claim processing delays.

Name of student athlete _____ Sport _____
Home address _____ Student ID number _____

Telephone (_____) _____
City _____ State _____
Date of birth _____ ZIP code _____

Father/Guardian _____ Mother/Guardian _____
Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

Father's employer _____ Mother's employer _____
Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

Basic medical/dental _____ Major Medical _____
Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____
Group # _____ Group # _____
Policy # _____ Policy # _____

- A. Do you have medical insurance to cover this athlete? Yes _____ No _____
If you answered no, you must complete the bottom of this form.
- B. Does your insurance plan provide major medical benefits? Yes _____ No _____
- C. Does your insurance have a deductible? Yes _____ No _____ If so, how much? _____
- D. Does your insurance plan provide dental benefits? Yes _____ No _____
- E. Does your insurance require a second opinion before surgery? Yes _____ No _____

Is your insurance a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)?
Yes ___ No ___

Primary Care Physician _____
Address _____ Phone (_____) _____

We authorize Pennsylvania College of Technology or its authorized agents to pay the medical vendors directly for any bills incurred from accidents that are covered under the coverage purchased by Penn College. We understand that Penn College's Athletic Insurance is a secondary policy that covers a MAXIMUM of \$25,000 medical, \$15,000 life, and \$2,000 dental. Bills exceeding these amounts will be the responsibility of the student athlete.

Parent's signature

Student athlete's signature

Send completed form to:
Athletic Trainer, DIF #38, One College Avenue, Williamsport, PA 17701-5799;
or bring with you to the athletic organizational meeting at the beginning of each semester.