

INTERCOLLEGIATE ATHLETICS  
2012-13 Student-Athlete Insurance Information Form



PLEASE PRINT ALL INFORMATION REQUESTED ON THIS FORM IN **BLACK INK ONLY**.

All information will be kept confidential and used solely for the purpose of providing appropriate medical care for the student-athlete.

Student-Athlete \_\_\_\_\_ ALLERGIES \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sport(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (Area Code) \_\_\_\_\_ Cell Phone (Area Code) \_\_\_\_\_

Mother \_\_\_\_\_

Address(if other than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_

Address(if other than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PRIMARY INSURANCE INFORMATION - PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD**

Policy Holder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy Holder's Home Phone \_\_\_\_\_ Policy Holder's Cell Phone \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Customer Service Phone \_\_\_\_\_

Insurance Company Claims Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Number \_\_\_\_\_ ID / Member Number \_\_\_\_\_ Other Number \_\_\_\_\_

Insurance Type (please circle) **HMO PPO POS UNRESTRICTED** If policy is an HMO, is guest coverage available? **YES NO**

Primary Care Physician (PCP) \_\_\_\_\_ Phone \_\_\_\_\_

Does your policy cover athletic related injuries? **YES NO** Is a referral required from your PCP to see a specialist? **YES NO**

**SECONDARY INSURANCE INFORMATION (If Applicable)**

Policy Holder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy Holder's Home Phone \_\_\_\_\_ Policy Holder's Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Customer Service Phone \_\_\_\_\_

Insurance Company Claims Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Number \_\_\_\_\_ ID / Member Number \_\_\_\_\_ Other Number \_\_\_\_\_

*I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. I understand that my son/daughter must carry an insurance policy that will remain enforce and cover claims for injuries incurred while participating in intercollegiate athletic practice or games. I also understand that St. Norbert College will not be responsible for payment of such claims.*

SIGNATURE OF POLICY HOLDER \_\_\_\_\_ DATE \_\_\_\_\_

Please FAX this and all other medical and insurance forms with the heading "Intercollegiate Athletics" only to the following NUMBER:  
920-403-4069 ~ ATTN: RUSS SCHMELZER

**OR (No need to Fax AND Mail)**

Please MAIL this and all other medical and insurance forms with the heading "Intercollegiate Athletics" only to the following ADDRESS:  
RUSS SCHMELZER - SNC ATHLETIC DEPT - 100 GRANT ST. - DEPERE, WI 54115

INTERCOLLEGIATE ATHLETICS  
Athletic Medical Access Form 2012-13



Please indicate ALL facilities which your insurance carrier authorizes you to use for medical care in the Green Bay / De Pere area.

*Please note that St. Norbert College Health and Wellness Services is not a PPO for any plan.*

*STUDENT-ATHLETE'S NAME* \_\_\_\_\_

- \_\_\_\_\_ **Aurora Health Center (Walk-In Clinic)**  
1881 Chicago St., De Pere 54115 (920) 403-8000
  
- \_\_\_\_\_ **Aurora-Bay Care Medical Center (Hospital/Emergency Center)**  
2845 Greenbriar Rd., Green Bay 54311 (920) 288-8000
  
- \_\_\_\_\_ **Bellin Memorial Hospital / Emergency Center**  
744 S. Webster Ave., Green Bay 54301 (920) 433-3500
  
- \_\_\_\_\_ **Bellin Health**  
1630 Commanche Ave., Green Bay, WI 54313 (920) 430-4700
  
- \_\_\_\_\_ **Prevea Health – Ashwaubenon Clinic**  
2502 S. Ashland Ave., Green Bay, WI 54304 (920) 496-4700
  
- \_\_\_\_\_ **St. Mary's Hospital / Medical Center / Emergency Center**  
1726 Shawano Ave., Green Bay 54303 (920) 498-4200
  
- \_\_\_\_\_ **St. Norbert College Health and Wellness Services**
  
- \_\_\_\_\_ **St. Vincent Hospital / Emergency Center**  
835 S. Van Buren St., Green Bay 54301 (920) 433-0111

*Please make a copy of this for your records. Also, it is important to make sure that your student has a copy of his or her insurance/drug card before they come to college*



100 Grant St. De Pere, WI 54115 • PHONE: 920-403-3179 • FAX: 920-403-4069

INTERCOLLEGIATE ATHLETICS  
2012-13 Statement of Insurance Coverage  
for Student-Athletes



The St. Norbert College regulations regarding insurance coverage for intercollegiate athletes are described below. Please read this document carefully and completely. This **signed** document (in **black ink only**, please) must be on file in the Athletic Department **BEFORE** your son/daughter will be allowed to participate in team practices.

St. Norbert College adopts these regulations with regard to medical coverage for athletes while participating in intercollegiate athletics:

1. St. Norbert College is NOT responsible for any claims of athletes due to injuries, damage or death due to participation in intercollegiate athletics. **It is the sole responsibility of each student to maintain an active health insurance plan that will cover up to a minimum of \$90,000 for injuries sustained while participating in such activities. Each student must submit evidence of coverage before ANY participation in intercollegiate athletics will be allowed.**
2. All claims for benefits because of injuries suffered in the play or practice of intercollegiate athletics **MUST** be submitted to your insurance company by you or the provider (doctor, hospital, etc.) for payment.
3. After your insurance company pays the claims, **and if the total claim costs are over \$1500 (PER INJURY)**, send copies of all explanation of benefits to : Kristee Becker, Director of Risk and Property Management, St. Norbert College, 100 Grant Street, De Pere, WI 54115 for submission to the College's Athletic Gap Policy.
4. **ALL INJURIES must be reported to the SNC Sports Medicine staff in order to ensure Gap insurance paperwork can be filed promptly (claims must be filed within 90 days of injury). Failure to do so may result in denial of Gap Policy benefits.**
5. **Any uncovered balances are the responsibility of the athlete and/or the athlete's parents.**

It is important that you check with your insurance carrier to insure that your son/daughter is/are covered for injuries while attending St. Norbert College. **CONTACT YOUR INSURANCE COMPANY AND INQUIRE ABOUT ANY POLICY LIMITATIONS THAT MAY HINDER MEDICAL TREATMENT AND CARE OF YOUR CHILD WHILE AWAY FROM HOME. BE AWARE OF THESE LIMITATIONS!**

I understand that there are risks involved in my/his/her participation. I/he/she recognize that possibility that I/he/she might die, become paralyzed, suffer brain damage, or other serious, permanent injury as a result of my/his/her participation in this sports program. I/he/she realize that neither the protective equipment and padding used in the sport, the safety rules and procedures of the sport, the coaching instruction received or medical care provided will guarantee my/his/her safety or prevent all injuries I/he/she might sustain. I agree to accept these risks as a condition of my/his/her participation.

I attest that I have read the above statement and understand the above obligations, and the policy of St. Norbert College as stated above. I do hereby personally assume all risks in connection with my participation in intercollegiate activities and I further release St. Norbert College, Inc. and the Premonstratensian Fathers, their officers, directors, employees and agents from any liability because of any injury or damage which I/he/she may suffer while participating in intercollegiate sports, including all risks or assigns; and, further, I agree to save, and hold harmless and indemnify St. Norbert College, Inc. and the Premonstratensian Fathers, their officers, directors, employees and agents from any claim by me or my family, estate, heirs, or assigns arising out of my enrollment and participation in any intercollegiate sport.

_____ Signature of Policy Holder	_____ Date
_____ Signature of Parent	_____ Date
_____ Signature of Student-Athlete	_____ Date