



Idaho State University

2020-21 Student-Athlete Health Insurance

The ISU Department of Athletics requires verification of primary personal health insurance coverage for all student-athletes. The Department provides an athletic injury insurance policy (Idaho State University Sports Athletic Plan) for injuries sustained by student-athletes while participating in intercollegiate athletics. This injury policy is "IN EXCESS" or "SECONDARY" to any other collectible group or individual policy benefits. Therefore, for the athletic injury policy to pay, the primary insurance coverage must be exhausted. **The student-athlete will not be allowed to participate in any conditioning, practice or competition until this form is completed and returned and a copy of the insurance card has been provided. Please be as thorough as possible.**

Student-Athlete Name _____ Cell Phone _____

Bengal ID# _____ Date of Birth _____ Sport _____

Please complete the following and ATTACH A COPY OF THE FRONT AND BACK of your health insurance card.

PRIMARY HEALTH INSURANCE INFORMATION

Policy Holder's Name _____

Date of Birth _____ Relationship to Student-Athlete _____

Home Address _____
Street City, State, Zip Code

Home Telephone Number _____ Work Telephone Number _____

Employer's Name _____

Employer's Address _____
Street City, State, Zip Code

Name of Insurance Company _____ HMO: Yes No

Policy # _____ Group # _____ Subscriber # _____

Mailing address for claims _____
Street City, State, Zip Code

Telephone number for claims _____

Effective Date of Policy _____ Expiration Date _____

Does your insurance require: a second opinion for surgery? Yes No

pre-authorization for surgery? Yes No

Do you have other secondary insurance? No

Yes – Insurance Name _____

If yes, please provide a copy of the front and back of the secondary insurance card. Also, provide the same information for the secondary insurance as provided for the primary insurance above.

****You are responsible to inform the Athletic Insurance Coordinator of any changes to your primary (and, if applicable, secondary) health insurance information. Failure to do so could result in unpaid claims.****

PRESCRIPTION PLAN INFORMATION

Yes, I do have a prescription benefit covered by insurance. (Mark below which payment plan is used and a **copy of the front and back of the prescription card must be attached.**)

I go to a "Network Participating Pharmacy," make a co-pay and the pharmacy files my claim.

I have to pay for all prescriptions then submit my pharmacy charges for reimbursement.

No, I do not have any prescription benefits through insurance.

