

OTERO JUNIOR COLLEGE
2016-2017 ATHLETIC INSURANCE INFORMATION
Please attach a copy of the insurance card that this student
is covered under. Thank you.

Name of Student Athlete: _____ Student SS#: _____

Home Address: _____ (_____) _____
(city) (state) (ZIP) (home phone #)

Parents Name: _____

Parents work phone # (in case of emergency): Mother (_____) _____ Father (_____) _____

- Do you have Health Insurance that covers him/her? YES _____ NO _____
- What is the name of the Insurance Company? _____
- Address to send claims to: _____

- Phone # of Insurance Company: (_____) _____ Policy # _____ Group ID #: _____
- Any other information on the company? _____
- Whose name is the insurance under? _____
- What is the name of the company or employer of who the policy is under? _____
- Social Security Number of Father: _____ Social Security Number of Mother: _____
- Date of Birth of Father: _____ Date of Birth of Mother: _____
- Do you have Dental Insurance that covers him/her? YES _____ NO _____
- If YES is it under the same policy number specified above? YES _____ NO _____
- Dental Insurance Policy Number: _____

Any additional information?

Parental Signature _____ Date _____

It is the policy of Otero Junior College that when there is any injury, if the student-athlete is covered on the Health Insurance Plan of the parents, we will file both the parents' and the college's insurance plans to cover all costs. The parent needs to file all insurance claims and forward explanation of benefits to the college. Thank you for your assistance in this matter.

PLEASE RETURN IMMEDIATELY
Gary Addington, Athletic Director
Otero Jr. College
1802 Colorado Avenue
La Junta, CO 81050