

**OTERO JUNIOR COLLEGE**  
**2010-2011 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**