

OTERO JUNIOR COLLEGE
2019-2020 ATHLETIC INSURANCE INFORMATION
Please attach a copy of the insurance card that this student
is covered under. Thank you.

Name of Student Athlete: _____

Student SSN: _____ Date of Birth: _____

Home Address: _____

_____ Home Phone #: (_____) _____

Do you have Health Insurance that covers him/her? YES _____ NO _____

Insurance Company Name: _____

Address to send claims to: _____

Insurance Company Phone #: (_____) _____ Policy # _____ Group ID #: _____

Policy holder: _____ Relationship to Athlete: _____

Policy holder Address: _____

_____ Policy holder Phone #: (_____) _____

Company/Employer of the policy holder: _____

Company/Employer Address: _____

Company/Employer Phone #: (_____) _____

Dental Insurance name (*if applicable*): _____

Dental Insurance Policy Number (*if applicable*): _____

Parent(s)/Guardian Name(s): _____

Parent(s)/Guardian(s) home address: _____

Home Phone #: (_____) _____

In case of emergency contact: _____

Relationship: _____ Phone #: (_____) _____

Additional information: _____

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/guardians, we will file both the parents'/guardians and the college's insurance plans to cover all costs. The parent/guardian needs to file all insurance claims and forward explanation of benefits to the college. The student-athlete must be insured for both the 2018-2019 semesters. Thank you for your assistance in this matter.

Guardian Signature _____ Date _____

PLEASE RETURN IMMEDIATELY TO YOUR RESPECTIVE COACH

Otero Jr. College
1802 Colorado Avenue
La Junta, CO 81050