SIMMONS COLLEGE

HEALTH INSURANCE INFORMATION

NAME: _____ SPORT(S): _____

1. **Do you have Simmons College Health Insurance? (circle one) Yes No**

2. **If not, what is your Primary Health Insurance?**

   Name of Insurance Company: _____

   Address: _____
   Street

   _____
   City/Town State Zip Code

   Name of individual on the policy: _____

   Relationship to student-athlete: _____

   Policy or I.D. number: _____

   Group Number (if one): _____

3. **Where should any claims be sent?**

   _____ Directly to Insurance company

   _____ Directly to individual whose name is on the policy

   _____ Other (please specify): _____

   _____

4. **Please describe your Health Insurance Policy's requirements to receive care and include phone numbers to be called in case of emergency. (This information is usually found on the back of your insurance card). IMPORTANT!! Your insurance company will not cover medical fees if you do not follow their specific guidelines.**

5. **In case of emergency, please provide the name and tel. # of the person you would like to be contacted.**

   Name: _____ Phone: _____

NOTE: SIMMONS COLLEGE PROVIDES SECONDARY ATHLETIC INSURANCE FOR STUDENT-ATHLETES WHICH COVERS COSTS THAT YOUR PRIMARY HEALTH INSURANCE COMPANY DOES NOT COVER UNDER THE POLICY. CLAIMS MUST BE MADE WITHIN 30 DAYS OF THE INJURY AND THE COVERAGE LASTS FOR ONE YEAR AFTER THE INJURY OCCURRED.