

**The University of Texas at Tyler
Health Insurance Information**

Student Athlete Information		
Last Name:	First Name:	MI:
Home Address:	City/State/Zip:	
Student ID#:	Date of Birth:	Gender:

Parent or Guardian Information	
Parent or Guardian Name:	Contact Phone:
Address:	City/State/Zip:
Email Address:	

Primary Health Insurance Information	
Policy Holder:	Date of Birth:
Relationship to Athlete:	Employer:
Insurance Company:	Group Number:
Insurance Address:	Policy Number:
Insurance City/State/Zip:	Insurance Phone:

Secondary Health Insurance Information	
Policy Holder:	Date of Birth:
Relationship to Athlete:	Employer:
Insurance Company:	Group Number:
Insurance Address:	Policy Number:
Insurance City/State/Zip:	Insurance Phone:

YOU MUST INCLUDE A COPY OF BOTH THE FRONT & BACK OF YOUR INSURANCE CARD!

I/We have read the attached letter and have been informed of the health insurance program and policies of the University of Texas at Tyler. I/We further agree to carry health and hospital insurance for my child (or dependent) during the time in which he/she is participating in the UT Tyler intercollegiate athletic programs. This coverage must be maintained and active for the ENTIRE 2011-12 academic year including the time between the fall and spring semesters.

I/We agree that all information provided in this document is accurate and complete to the best of my/our knowledge. I/We understand that any incorrect or undisclosed information can result in duplicate payments creating a substantial overpayment. The responsibility of such overpayment will be the obligation of the undersigned to reimburse in full, upon request, all amounts deemed refundable.

Student-Athlete: _____

Date: _____

Guardian/Father: _____

Date: _____

Guardian/Mother: _____

Date: _____

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM H
Health Insurance Information

UT Tyler requires that all student-athletes present proof of health insurance coverage. In order to play or practice intercollegiate sports at UT Tyler, each athlete must have health insurance which does not exclude athletic activities and meets or exceeds the \$25,000.00 maximum benefit. The insurance must be active for the entire 2011-12 academic year including the time between fall and spring semesters as well as any pre- or post-season play.

Depending on the insurance plan, bills from doctor visits, x-rays, MRI's, etc. will either be directly submitted to the insurance company of the student-athlete or it will be sent to the policyholder for submission to his or her company. In cases where the athlete is covered under a PPO or HMO, the athlete **must** work within their system for medical treatment. Required approvals **must** be obtained prior to treatment.

The information required on this form is essential for us to verify health insurance coverage. It is imperative that all sections be completed. If the "Primary Insurance Information" section is not completed, the form will be returned to you. **Without the information in this section, we will be unable to clear you to participate in any intercollegiate athletic activities at The University of Texas at Tyler.**

Upon completion of Form H, please be sure to sign and date at the bottom. If you are covered under your parent's insurance, they **MUST** sign the form as well.

It is required that we have a copy of your health insurance ID card on file. Be sure to enclose a copy of the front and back of the card along with your completed forms.

I have read and understand the above information and have been given the opportunity to ask questions regarding the Health Insurance Information form.

Policy Holder's Signature: _____

Date: _____