



**PAUL SMITH'S**  
COLLEGE



**Athletic Department – Insurance Information Form**

**This form must be completed, signed and returned to the Athletic Department prior to participating in any Intercollegiate or Club athletic activity. The College secures accident coverage that may be utilized only after family insurance is exhausted.**

**Please Print**

Athlete's Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_; Cell: (\_\_\_\_\_) \_\_\_\_\_; Work: (\_\_\_\_\_) \_\_\_\_\_;

Employer's Name: \_\_\_\_\_; Employer's Address: \_\_\_\_\_

Name/Group Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Mailing Address for Claims \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Insurance Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Is your dependent son/daughter covered under the above policy?  Yes  No

Is your plan part of an HMO that restricts treatment outside the group?  Yes  No

Does your plan require pre-authorization for services?  Yes  No

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_; Cell: (\_\_\_\_\_) \_\_\_\_\_; Work: (\_\_\_\_\_) \_\_\_\_\_;

Employer's Name: \_\_\_\_\_; Employer's Address: \_\_\_\_\_

Name/Group Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Mailing Address for Claims \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Insurance Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Is your dependent son/daughter covered under the above policy?  Yes  No

Is your plan part of an HMO that restricts treatment outside the group?  Yes  No

Does your plan require pre-authorization for services?  Yes  No

**Return to:** Paul Smith's College, Athletic Department, PO Box 265, Paul Smiths, NY 12970-0265.

Fax: (518) 327-6545. May be emailed to Jim Tucker: jtucker@paulsmiths.edu

**You will not be allowed to participate in any intercollegiate or club sport activity until this completed form is returned.**