TO: Eastern University Student-Athletes and Their Parents
FR: The Athletic Training Services Program and Department of Athletics
RE: Insurance Verification for 2019-2020 Academic Year as per NCAA Requirements

Please note, all Eastern University student-athletes must provide evidence of insurance that includes coverage for athletically related injuries. This is a pre-requisite for all practices and competitions. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the Eastern University Department of Athletics. The enclosed “Acknowledgement of Insurance Requirements” form and an insurance card (photocopy of both sides) must be on file before a student-athlete can participate in his or her sport.

Insurance coverage must have a limit of at least $90,000 and cover athletically related injuries. If your insurance does not meet these requirements, Eastern University will review the individual circumstances to determine if the insurance meets the coverage requirements.

Eastern University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Eastern University.

If you have questions regarding the terms of your insurance coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions to your policy regarding athletically related injuries, particularly out-of-network benefits.

The NCAA Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all terms and conditions). The policy has a $90,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at Eastern University. It is supplemental coverage in the event of a catastrophic injury. More information on this program may be found on the NCAA’s web site at www.ncaa.org.

**NOTE - this form here is not the Eastern University Health Insurance Waiver**
(All students must either waive or enroll in the general Eastern University medical insurance plan prior to Sept. 15th annually. Go to www.FirstStudent.com to waive. Failure to waive this insurance will result in automatic enrollment with no refund.)

If you have any questions regarding this requirement, please contact us at your convenience at (610) 341-1736 or (610) 341-1316.
ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I, _____________________________________________, as parent, guardian or legal representative, attest that _____________________________________ has insurance coverage under a current, in-force insurance policy for all injuries that occur while he/she is participating in intercollegiate athletics at Eastern University.

If there is a material change in coverage or expiration of coverage, I agree to notify Eastern University of this development and update the insurance information I have on file with Eastern University immediately.

I understand and agree that Eastern University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Eastern University.

_______________________________________________  __________________
(signature)        (date)

THIS FORM MUST BE SIGNED AND RETURNED TO THE EASTERN UNIVERSITY DEPARTMENT OF ATHLETICS PRIOR TO THE START OF YOUR SON’S/DAUGHTER’S SPORT SEASON.

Return to:

Eastern University
Department of Athletics
1300 Eagle Road
St. Davids, PA  19087-3696
ATTN:  John Post, MBA, LAT, ATC

Or send via FAX:  610-341-1317

YOU MUST ALSO INCLUDE A LEGIBLE COPY (FRONT AND BACK) OF YOUR INSURANCE CARD AND THE COMPLETED INSURANCE VERIFICATION INFORMATION FORM (NEXT PAGE).
EASTERN UNIVERSITY
INSURANCE INFORMATION VERIFICATION FORM

Name: _________________________________________________________________
Date of Birth: _____________________________ Sport: _______________________
SSN: ___________________________________ Year: _______________________

The Acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete participating in practice and/or competition.

Parent/Guardian Name(s): _______________________________________________
Home Address:  _________________________________________________________
_______________________________________________
Home Phone: _______________________ Work Phone: _______________________
Cell Phone: _______________________  Work Phone: _______________________

Policy Holder Name: ___________________________________  DOB:  ___________
Relationship to Student-Athlete: _________________________________________
Address:  __________________________ Home Phone: _______________________
_______________________________________________________________
Work Phone: ______________________

Insurance Company Name: _______________________________________________
Address:  _______________________________________________________________
_______________________________________________________________

Group#:   __________________________ I.D.#: _____________________________
Phone:     __________________________
Effective Date of Policy:  _____________ Expiration Date:  _____________________
Policy Limit: ___________________________________________________________
Policy Deductible:  __________________ Policy Co-Pay:    _____________________

Primary Physician:  _______________________________________________________
Address:  _______________________________________________________________
_______________________________________________________________
Office Phone: ______________________ Office Fax: _______________________

Does your policy cover athletically related injuries?   ____________________________
Does your policy require a second opinion before surgery? _______________________
Does your policy require a referral from your primary physician? _________________

This entire 3-page form must be completed and returned to the Department of Athletics prior to the start of your season.

**DID YOU WAIVE THE EASTERN UNIVERSITY STUDENT HEALTH POLICY ?**
**MAKE SURE YOU DID IF YOU DO NOT WANT IT !**
(See the first page !)