

SUNY BROCKPORT INTERCOLLEGIATE ATHLETICS

VERIFICATION OF HEALTH INSURANCE

I UNDERSTAND THAT THE SUNY COLLEGE AT BROCKPORT ATHLETIC DEPARTMENT DOES NOT PROVIDE HEALTH INSURANCE FOR STUDENT ATHLETES.

BY SIGNING THIS FORM I HEREBY CERTIFY THAT I HAVE EITHER

_____ A) PURCHASED THE SUNY BROCKPORT HEALTH INSURANCE POLICY

(CONTACT WWW.CHICKERING.COM FOR POLICY INFORMATION)

OR

_____ B) I HAVE MY OWN HEALTH INSURANCE POLICY THAT COVERS ATHLETIC RELATED INJURIES UP TO \$75,000.

STUDENT ATHLETE NAME: _____

DATE OF BIRTH: _____

SPORT: _____

PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN PHONE #: (_____) _____ - _____

FURTHER, I CERTIFY THAT THE FOLLOWING INFORMATION IS TRUE AND ACCURATE REGARDING MY INSURANCE COVERAGE:

NAME OF INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

GROUP NUMBER (IF APPLICABLE): _____

NAME OF THE POLICY HOLDER: _____

SELF – MOTHER - FATHER

DATE: _____

SIGNATURE: _____

(STUDENT AT SUNY BROCKPORT)