

SOUTHERN VIRGINIA UNIVERSITY
INSURANCE INFORMATION

Name: _____ Date: _____ Sport: _____

Single/Married: _____ SS#: _____ Birth Date: _____

1. University policy states that athletes must carry health insurance, for the duration of the academic year.
2. Your group insurance is always the Primary carrier and will be billed for any service rendered.
3. **You must include a copy of yours or the policy holder's health insurance card & prescription card, both front and back.**
4. **Bolded sections must be completed to be cleared for participation.**
5. **If you change insurance carriers you must fill out a new form with the effective date of the new policy.**

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE COMPLETED IN FULL AND SIGNED.

Primary Insurance Policy Holder	Secondary Insurance Policy Holder
Name of Policy Holder _____ (Father, Mother, self, spouse)	Name of Policy Holder _____ (Father, Mother, self, spouse)
SS# _____ Birthdate _____	SS# _____ Birthdate _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Employer _____	Employer _____
Primary Ins. Company _____	Primary Ins. Company _____
Policy # _____	Policy # _____
Claims Mailing Address _____	Claims Mailing Address _____
Phone # _____	Phone # _____
Is Pre-authorization required? Yes _____ No _____	Is Pre-authorization required? Yes _____ No _____
Prescription Ins. Co. _____	Prescription Ins. Co. _____
Card # _____	Card # _____
Mailing Address _____	Mailing Address _____
Phone # _____	Phone # _____

I hereby certify that the answers provided are true, and correct. A photo static copy of this authorization shall be considered as effective and valid.

Date: _____ Signature: _____
(Parents signature if athlete is under 18)