



2009-10
OHIO NORTHERN UNIVERSITY
HEALTH INSURANCE INFORMATION



Student Athlete's Name: _____ **Date:** _____

Sport(s): _____ **DOB:** _____ **SS No.:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **E-mail Address:** _____

FATHER'S/GUARDIAN'S INFORMATION
Name:
SS No.:
DOB:
Home Phone:
Work Phone:
Cell Phone:

MOTHER'S/GUARDIAN'S INFORMATION
Name:
SS No.:
DOB:
Home Phone:
Work Phone:
Cell Phone:

Please indicate, with an (X), the category that applies to the athlete's insurance coverage:

- _____ The athlete **ONLY** has university insurance.
NO further information is necessary. Please return form.
- _____ The athlete does **NOT** have university insurance.
Continue filling out your insurance information below.
- _____ The athlete has university insurance (This will become their primary coverage) **AND** secondary coverage which is provided by the parent's insurance that should be identified below.
Continue filling out your insurance information below.

FATHER'S/GUARDIAN'S INSURANCE
Is the athlete covered under your policy? _____ No - No further information needed. _____ Yes - Continue to fill out info. below.
Please indicate if this insurance is their: _____ Primary _____ Secondary
Insurance Company:
Ins. Co. Address:
City: _____ State: _____
Zip Code:
Phone:
Plan/Group Number:
Policy Number:
Employer:
Employee ID:
<i>Please circle correct information below.</i> Type of Insurance: HMO or PPO or Other

MOTHER'S/GUARDIAN'S INSURANCE
Is your athlete covered under your policy? _____ No - No further information needed. _____ Yes - Continue to fill out info. below.
Please indicate if this insurance is their: _____ Primary _____ Secondary
Insurance Company:
Ins. Co Address:
City: _____ State: _____
Zip Code:
Phone:
Plan/Group Number:
Policy Number:
Employer:
Employee ID:
<i>Please circle correct information below.</i> Type of Insurance: HMO or PPO or Other

**Please submit a copy of the insurance card.
 (Both front & back)**

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