



**PARENTS INSURANCE INFORMATION**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sport(s): \_\_\_\_\_ (Circle) Male Female Student Phone # \_\_\_\_\_

We, as the School, do not have the option of waiving the requirement of filing with your group insurance.

**Please note:** Most employers' group insurance allows dependent coverage to be continued to age 26 if the dependent is a full-time student. **DO NOT drop dependent coverage** while your son/daughter is participating in intercollegiate athletics.

**THE FOLLOWING INFORMATION & AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED, & RETURNED TO:**

Walla Walla Community College  
Attn: Wanda Williams, Athletics  
500 Tausick Way  
Walla Walla WA 99362

**NOTE:**  
Please attach a copy of both the front and back  
of your insurance card to this form.

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name of Group Insurance Company: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address for Claims: \_\_\_\_\_

Is your dependent covered under the above policy? YES  NO

Does your insurance require 1. Second opinion for surgery? YES  NO

2. Pre-authorization for services? YES  NO

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name of Group Insurance Company: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address for Claims: \_\_\_\_\_

Is your dependent covered under the above policy? YES  NO

Does your insurance require: 1. Second opinion for surgery? YES  NO

2. Pre-authorization for services? YES  NO

Primary Care Provider (name and phone number) \_\_\_\_\_

\_\_\_\_\_ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by my son/daughter named above.

\_\_\_\_\_ My son/daughter is **NOT** covered under my group insurance.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_