

**Johnston Community College  
Health Insurance Information**

Student-Athlete's Name \_\_\_\_\_  
Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Insurance Information**

Primary:

Name of Insurance Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_  
Street City, State Zip

Insurance Company Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Plan# \_\_\_\_\_ ID# \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Are you covered as a dependent under this policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your insurance require pre-authorization for services? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD**

Secondary (if applicable):

Name of Insurance Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_  
Street City, State Zip

Insurance Company Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Plan# \_\_\_\_\_ ID# \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Are you covered as a dependent under this policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your insurance require pre-authorization for services? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD**

\_\_\_\_\_ ***I am not currently covered by any accident or other medical/hospitalization insurance of any kind.***

-I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

-I understand that the athletic insurance provided by Johnston Community College is secondary to or in excess of any policy I/we maintain and only covers athletic related injuries sustained during an athletic event or other activity which is authorized by an official representation of the College.

-I have read the corresponding page which explains the athletic insurance policy and insurance procedures of the Johnston Community College Athletic Department.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_