

**LAKE ERIE COLLEGE – VARSITY ATHLETICS
2008-2009 INSURANCE QUESTIONNAIRE**

NAME OF STUDENT				SSN			
FATHER				MOTHER			
				NAME			
				SSN			
				DOB			
				NAME OF EMPLOYER			
				EMPLOYMENT ADDRESS			
				CITY, STATE, ZIP			
				BENEFITS COORDINATOR			
				TELEPHONE			
DO YOU HAVE MEDICAL INSURANCE THROUGH YOUR EMPLOYMENT?							
YES		NO			YES		NO
				NAME OF INSURANCE CO.			
				STREET ADDRESS			
				CITY, ST ZIP			
				POLICY #			
				PRIMARY or SECONDARY?			

TYPE OF PLAN

Health Maintenance Organization (HMO) Standard Medical & Hospitalization Coverage
 Preferred Provider Organization (PPO) Other

If you have medical insurance coverage, and your son/daughter is not covered or is partially covered due to policy limitations, please explain.

If your son/daughter had medical insurance coverage as an eligible dependent from your previous marriage, as mandated in a divorce decree, please give detail for filing a claim.

I/WE AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT ANY INCORRECT OR UNDISCLOSED INFORMATION CAN RESULT IN DUPLICATE PAYMENTS CREATING A SUBSTANTIAL OVERPAYMENT. THE RESPONSIBILITY OF SUCH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE IN FULL, UPON REQUEST, ALL AMOUNTS DEEMED REFUNDABLE.

PARENT/GUARDIAN/FATHER _____ DATE _____

PARENT/GUARDIAN/MOTHER _____ DATE _____