

**LAKE ERIE COLLEGE – VARSITY ATHLETICS
INSURANCE CONSENT FORM**

I have carefully read the Insurance Process Policy and have had the opportunity to ask questions concerning the policies. All of my questions have been satisfactorily answered. I acknowledge that I fully understand the contents of the policies by signing this form.

1. Insurance coverage is limited to injuries sustained during a game or supervised practice.
2. Medical expenses will only be covered if the team physician(s) or the sports medicine staff refers the student-athlete.
3. Student-athletes must follow primary/family insurance procedures before the athletic department's secondary insurance policy becomes available. If the student-athlete's primary/family insurance is a HMO policy, the student-athlete must use an authorized provider from his/her insurance company and follow all pre-certification requirements.
4. The sports medicine department must be notified immediately if there is a change in insurance coverage.
5. All bills and Explanation of Benefits (EOB) must be submitted to the sports medicine staff within 90 days from the time you receive them.
6. The student-athlete/family is financially responsible for any unpaid bills if proper procedures are not followed.

Print Name

_____-_____-_____
Social Security Number

Signature

_____/_____/_____
Date