



Central Alabama Community College
Insurance Information Request

Personal Information

Student Name _____ Soc Sec # _____
Address _____ Phone # _____
Parent Name(s) _____
Address (if different than above) _____
Parent Phone Number(s) _____
Primary Physician's Name _____ Phone # _____
Address _____

Insurance Information

Primary Insurance Company Name _____
Address _____
Phone Number(s) _____
Policy Holder's Name _____ ID # _____

Please include a copy of insurance card with this form.

Secondary athletic insurance is provided by the institution for the benefit of student-athletes. This coverage is offered on an "excess" basis only. Under the terms of the policy, this coverage is considered excess to all other valid and collectible medical insurance policies. Most notable is parental insurance coverage under which the student-athlete is covered as an eligible dependent. It should be noted that athletes are covered by school insurance **only** if the injury was not pre-existing and if the injury is a direct result of the sport(s) in which the student-athlete participates. This is not a health insurance policy. In the event of an injury that the institution's insurance will cover, it is the responsibility of the student and coach or trainer to provide all necessary insurance forms so that a proper claim can be made in a timely manner. If this protocol is not met, any and all expenses will be the responsibility of the athlete. Student-athletes should list **BMI Benefits** as the secondary insurance provider when submitting insurance information to a doctor or hospital after a qualifying injury. The BMI claim form must be submitted to the insurance company within 90 of the incident, and include any itemized bills and primary carrier statements.