

**HANOVER COLLEGE SPORTS MEDICINE
INSURANCE INFORMATION FORM**

Last Name _____ First Name _____

SSN _____ Grade (circle) Fresh Soph Jun Sen

Date of Birth _____ Sex (circle) M F

Sport 1 _____ Sport 2 _____ Sport 3 _____

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Insurance Type: Primary Secondary Dental Vision Other:

Policy Holder's Name _____ Policy Holder's DOB _____

Policy Holder's SSN _____ Relationship to Student-Athlete _____

Ins. Co. Name _____ Ins. Co. Address _____

Policy or ID # _____ Group or Plan # _____

Ins. Co. Phone # _____ Benefit Phone # _____

Is pre-authorization required for non-emergency procedures? _____ Yes _____ No Does this policy cover athletic-related injuries? _____ Yes _____ No

Emergency Contact Name _____ Emergency Contact Phone # _____

Physician Name _____ Office Phone # _____

Insurance Card Copy

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