

Insurance Questionnaire

This form must be filled out in COMPLETE, signed and returned before you will be allowed to participate in tryouts and/or on the Creighton University Dance Team at Creighton University. **Please note if you are under the age of 18, you MUST have a parent co-sign this document!**

Section I: Medical Service Insurance Agreement- I understand the extent of Creighton University's responsibility if I am injured or ill as a result of participating in intercollegiate sports. I also understand there is an assumed risk involved in participating in intercollegiate sports.

Signature of Student

Date of Signature

Date of Birth

Section II: Health Insurance Information

Insured Parent/Guardian's Name _____ Home Phone _____

Insured Parent/Guardian's Address _____

City/State/Zip _____

Employed by: _____ Business Phone _____

Employer's Address _____

City/State/Zip _____

Section III: Insurance Specifics

Name of your Insurance Company _____

Address of your Insurance Company _____

City/State/Zip _____

Insurance Company Benefits phone number _____

Insured Parent/Guardian's Social Security number _____

Group/Plan/Policy number _____ Deductible _____ Expiration _____
If no deductible, write "none" If no expiration, write "none"

Is coverage through an HMO? _____ If yes, Primary Care Physician _____

Is coverage through a PPO? _____ PCP Phone Number _____

Is pre-certification required for outpatient _____ or inpatient _____ medical treatment?

If yes, who do we contact? _____ Precertification phone number _____

-attach a copy of insurance card-