

**INTERCOLLEGIATE ATHLETICS  
PROOF OF INSURANCE**

Page 1 of 2 (see back)  
2008-2009



**This form must  
be returned to:**

**ATHLETIC TRAINING**

NIU – Huskie Stadium  
DeKalb, IL 60115

ATTN: Medical Insurance

Student Athlete	Social Security Number	Date of Birth	Sport

Dear Parent

**Parent / Guardian Information**

Our athletic accident policy which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is “EXCESS” or “SECONDARY” to any other collectible insurance company providing coverage to your son or daughter through your employer or your spouse’s employer. After they have paid all available benefits, our athletic insurance company will pay any remaining amounts for services **directly related** to intercollegiate athletic participation.

Please note

1. Most employers’ insurance allows dependent coverage to be continued to age 23 if the dependent is a full-time student. **DO NOT** drop dependent coverage while your son or daughter is participating in intercollegiate athletics. **If for some reason your son/daughter does not have health insurance they will be responsible for any medical bills that are incurred.**
2. Claims against your insurance plan **DO NOT** increase your individual insurance premiums

Primary Policy			
Holder’s Name:	_____	SS#: _____	Date of Birth: _____
Address			
	_____ Street	_____ City, State, Zip Code	
Home Telephone #	_____	Work Telephone #	_____
Insurance Company	_____	Group #	_____
	_____	Policy #	_____
IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? _____ YES _____ NO			
Does your insurance require: A second opinion for surgery? _____ YES _____ NO			
Pre-authorization for services? _____ YES _____ NO			
Check Appropriate:	HMO _____	PPO _____	Co-Pay Required: _____

Secondary Policy			
Holder’s Name:	_____	SS#: _____	Date of Birth: _____
Address			
	_____ Street	_____ City, State, Zip Code	
Home Telephone #	_____	Work Telephone #	_____
Insurance Company	_____	Group #	_____
	_____	Policy #	_____
IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? _____ YES _____ NO			
Does your insurance require: A second opinion for surgery? _____ YES _____ NO			
Pre-authorization for services? _____ YES _____ NO			
Check Appropriate:	HMO _____	PPO _____	Co-Pay Required: _____

<b>Have you formally declined NIU Student Insurance for 2008-2009?</b>	_____ YES	_____ NO
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<i>I verify that the above statement of insurance is true, complete and correct to the best of my knowledge</i>	
<b>Signature</b>	<b>Date:</b>

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**ATHLETIC TRAINING**

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DeKalb, IL 60115

ATTN: Medical Insurance

Student Athlete	Social Security Number	Date of Birth	Sport

***INFORMED CONSENT FOR RELEASE OF MEDICAL INFORMATION***

I, \_\_\_\_\_, give the Northern Illinois University Athletic Training Staff permission to share medical and insurance information with the team physicians and or other medical professionals regarding injuries, illness, or other medical /psychological/personal conditions that may affect my participation in any way with Northern Illinois University Intercollegiate Athletics sanctioned practices, contests, team functions, and events.

I understand that this information will be shared for referrals and correspondence with physicians and medical professionals who are directly involved with my care.

Furthermore, I understand that in order for medical insurance companies to process claims they must be provided with injury reports, dictation's and follow-up notes which are provided through the certified athletic trainers.

Signature of student-athlete \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH COPIES OF YOUR PRIMARY INSURANCE CARD HERE**

**FRONT**

*(Secure All Edges with  
Glue or Tape Only)*

**BACK**

*(Secure All Edges with  
Glue or Tape Only)*

**SECONDARY INSURANCE CARD (if Applicable)**

**FRONT**

*(Secure All Edges with  
Glue or Tape Only)*

**BACK**

*(Secure All Edges with  
Glue or Tape Only)*

## NORTHERN ILLINOIS UNIVERSITY STUDENT HEALTH INSURANCE PLAN

Please find listed below some important facts about NIU Student Insurance:

1. It is a university requirement that all students have health insurance. Therefore, a Health Insurance Plan is available for all students. The cost of this insurance is \$377.00 per semester and is automatically assessed on the tuition and fees bill.

2. **This insurance plan is NOT to be confused with any insurance the Intercollegiate Athletic Department provides. It is a Health Insurance Plan that is available for those who do not have insurance or who wish to provide additional coverage for their son or daughter for non-athletic injuries or illnesses.**

3. The Student Health Insurance Plan is a Secondary payer if your son/daughter is insured by another plan. If your child has no insurance this plan will become a primary payer.

4. It is important to note that the Student Insurance Plan DOES NOT cover any injuries or illness associated with Intercollegiate Athletics. We as the Athletic Department do not require that you purchase this insurance. However, if your child has *no* other primary health insurance coverage (i.e. through a family plan or individually) University requirements mandate that your student carry the NIU Student Health Insurance Plan.  
**You may cancel the NIU student insurance coverage only if you have other insurance coverage.**

5. You will be billed \$377.00 per semester for student health insurance. If you choose to cancel coverage this amount will be credited to your tuition account or refunded to you. \*\*\* **Failure to cancel this policy will result in your son/daughter's University account being encumbered and they will not be able to register for classes.**

6. If you **choose to cancel** this student health insurance you must complete a online **waiver form** for exemption. This form is **available from the Student Insurance Office** at <https://ssl.niu.edu/uhs/IW/index.aspx> . If you have previously cancelled this insurance you must complete this form again. Cancellation with the student insurance office must be completed by **September 9, 2008.**

**If you have any questions pertaining to this Student Health Insurance please contact the Student Health Insurance Office at (815) 753-0122.**

\*\*\*Foreign Student Athletes are required to carry the NIU Student Health Insurance Plan. Please contact Phil Voorhis for details.