



**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
STUDENT ATHLETE INSURANCE AND DEMOGRAPHIC INFORMATION**

2007-2008

Student Athlete's Name	Student Athlete's Date of Birth	Sport
Student Athlete's Cell Phone	Student Athlete's Home Phone	
Student Athlete's Social Security #	Student Athlete's RU ID#	
Emergency Contact Name	Emergency Contact Phone	

PARENT/GUARDIAN DEMOGRAPHIC INFORMATION

Father/Guardian			Mother/Guardian		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Date of Birth	Social Security #		Date of Birth	Social Security #	
Employer			Employer		
Home Phone	Work Phone		Home Phone	Work Phone	

PRIMARY INSURANCE INFORMATION: INCLUDE FRONT AND BACK COPY OF INSURANCE CARD

Subscriber's Name	
Group Number	Identification Number
Insurance Company	
Insurance Company Mailing Address	
Insurance Company City, State, and Zip	Insurance Company Phone
Primary Care Physician (PCP) Name	PCP Address
PCP City, State, and Zip	PCP Phone

DENTAL INSURANCE INFORMATION (PRIMARY): INCLUDE FRONT AND BACK COPY OF INSURANCE CARD

Group Number	Identification Number
Insurance Company	Insurance Company Mailing Address
Insurance Company City, State, and Zip	Insurance Company Phone

PRESCRIPTION PLAN INFORMATION (PRIMARY): INCLUDE FRONT AND BACK COPY OF INSURANCE CARD

Group Number	Identification Number
Insurance Company	Insurance Company Mailing Address
Insurance Company City, State, and Zip	Insurance Company Phone

VISION CARE INFORMATION (PRIMARY): INCLUDE FRONT AND BACK COPY OF INSURANCE CARD	
Group Number	Identification Number
Insurance Company	Insurance Company Mailing Address
Insurance Company City, State, and Zip	Insurance Company Phone

SECONDARY INSURANCE INFORMATION: INCLUDE FRONT AND BACK COPY OF INSURANCE CARD	
Subscriber's Name	
Group Number	Identification Number
Insurance Company	
Insurance Company Mailing Address	
Insurance Company City, State, and Zip	Insurance Company Phone
Primary Care Physician (PCP) Name	PCP Address
PCP City, State, and Zip	PCP Phone

DENTAL INSURANCE INFORMATION (SECONDARY): INCLUDE FRONT AND BACK COPY OF INSURANCE CARD	
Group Number	Identification Number
Insurance Company	Insurance Company Mailing Address
Insurance Company City, State, and Zip	Insurance Company Phone

PRESCRIPTION PLAN INFORMATION (SECONDARY): INCLUDE FRONT AND BACK COPY OF INSURANCE CARD	
Group Number	Identification Number
Insurance Company	Insurance Company Mailing Address
Insurance Company City, State, and Zip	Insurance Company Phone

VISION CARE INFORMATION (SECONDARY): INCLUDE FRONT AND BACK COPY OF INSURANCE CARD	
Group Number	Identification Number
Insurance Company	Insurance Company Mailing Address
Insurance Company City, State, and Zip	Insurance Company Phone

DENIAL OF INSURANCE COVERAGE: SIGN ONLY IF YOU DO NOT HAVE ANY PERSONAL HEALTH INSURANCE	
I certify that I have no personal health insurance under parent, guardian, or self. I understand, should I obtain insurance, that it is my obligation to notify the Sports Medicine office. Failure to provide information regarding health insurance may void coverage by the Rutgers University Athletic Department and leave me financially responsible for all medical bills.	
Signature _____	Date _____

STUDENT ATHLETE SIGNATURE: ALL STUDENT ATHLETES ARE REQUIRED TO SIGN THIS SECTION	
I certify that, to the best of my knowledge, the information I have provided is complete and correct. I will promptly inform the Sports Medicine office of any change of insurance or demographic information.	
Signature _____	Date _____