

Colorado State University – Pueblo Student-Athlete Waiver Form 2011-2012



MANDATORY REQUIREMENT

Colorado State University – Pueblo requires that all Student-Athletes have health insurance.

Student-Athletes with comparable health insurance coverage may waive out of the Colorado State University – Pueblo Plan by completing, signing and submitting this waiver form to the Colorado State University – Pueblo Sports Medicine Department by August 4, 2011 (or January 2, 2012 for new Spring 2012 athletes). A NEW Waiver Form must be submitted ANNUALLY, or after a break in academic studies by your Report Date.

Comparable Coverage means that your health plan meets the following waiver criteria:

• It is an active group insurance plan or active individual insurance plan

Failure to fill out and submit this form to the Colorado State University – Pueblo Sports Medicine Department by the due date will result in inability to participate in intercollegiate sports.

Student-Athlete Name		PID#
LAST NAME	FIRST NAME	
Mailing Address		
Phone Number	E-mail Address	
Date of Birth	Sport	
STEP ONE: Waiver or Enrollment (initial appropriate		
I HAVE insurance (group or individual insurance Insurance Company Name		
Insurance Company Phone Number		<u> </u>
Are you the Primary Policy holder? YES or NO	(circle one)	
What is your relationship to the Policy Holder? Self	Spouse Child (circle one)	
Policy or Group Number		
I CHOOSE to voluntarily enroll in the 2011-20 Accident and Sickness Insurance Plan. Please fill out Sickness Insurance Plan enrollment form.		

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Waiver forms are valid for one academic year (Fall, Spring and Summer semesters) assuming your coverage is maintained while you are a student-athlete. A waiver form must be re-submitted each Fall semester for continuing student-athletes or during a student-athlete's first semester of attendance and then every Fall semester thereafter. If you submitted a waiver form in the Fall semester and it was approved, you do not need to submit another waiver form until the following Fall semester, assuming your health insurance coverage does not change during the academic year that your waiver was approved. If your insurance coverage does change during the academic year you must immediately inform the Colorado State University – Pueblo Sports Medicine Department (phone 719-549-2431).

Disclosures, Acknowledgments and Authorizations

I release Colorado State University – Pueblo and the Sports Medicine Department from any and all liability related to my health and/or health care.

I am aware that I must have health insurance that meets the College Athletic Department's waiver standards in force while engaged in intercollegiate athletic sports and attending school at CSU Pueblo.

I am aware that if my insurance changes in the course of an academic year (from the information that I originally submitted on my waiver form) that I am obligated to inform the Sports Medicine Department immediately of such a change.

I am aware that my insurance information will be audited each semester and that if during any audit it is discovered that I no longer have insurance in force that meets the College waiver standards, the CSU Pueblo Athletic Department will contact me.

I acknowledge that the information I have provided is accurate and truthful.

Prior to submitting my waiver form I will confirm that my insurance is currently active and that I have group or individual health insurance coverage.

HIPAA Authorization: I authorize the College and/or the College's student health insurance administrator to verify my health insurance coverage. I also authorize my insurance company to provide such verification of coverage to the College's student insurance administrator (ECI) and/or College insurance or Health Center personnel.

Signing below indicates my understanding and agreement to all of the above disclosures, acknowledgements and authorizations, including my HIPAA authorization.

Signature of Student-Athlete	Date	
Signature of Parent or Guardian if Student-Athlete is under 18 years of age	Date	