

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment
For Intercollegiate Sports Accident Insurance

Name of Policyholder: Adrian College

Athlete Name: _____

Date of Birth: _____

Local Address: _____

Personal/Cell Phone: _____

Home Address: _____

Home Phone: _____

PLAN BENEFIT:

Basic Option Expanded Option

Disappearing Deductible: \$500

Insured Percentage: 100%

Maximum Benefit Limit: \$10,000

CHECK COVERAGE DESIRED:

Football (Fall & Spring) &
All Other Sports: \$1,423.00

All Other Sports: \$825.00

* One premium covers applicant for the entire school year regardless of the number of sports he/she participates in.

I understand that insurance becomes effective only when this enrollment form and full premium have been received by First Agency.

I acknowledge that this plan will ONLY cover injuries and accidents that occur as a result of an Aurora University practice or competition.

Signature _____ Date _____

These plans are subject to Insurance Department approval.

Premium will be charged to student account.