

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment
Intercollegiate Sports Accident Insurance
For 2024/2025 Academic Year

Name of Policyholder: Cornerstone University

Athlete Name: _____

Date of Birth: _____

Email Address for ID Card: _____

School Address: _____

Home Address: _____

Phone Number: _____

PLAN BENEFIT:

Basic Option Expanded Option

Disappearing Deductible: \$500

Insured Percentage: 100%

Maximum Benefit Limit: \$10,000

CHECK COVERAGE DESIRED:

All Other Sports*: \$962.00

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

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

Signature _____ Date _____

These plans are subject to Insurance Department approval.

First Agency
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: 269-381-6630
Fax: 269-492-0084