

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment  
For Intercollegiate Sports Accident Insurance

Name of  
Policyholder: Lewis 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:**

☐ Football Only (Fall & Spring): N/A

☒ All Other Sports\*: \$865.00

\* 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 \_\_\_\_\_

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

GA-15-ISEF

***No Premium Refunds***