

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment  
For Intercollegiate Sports Accident Insurance

Name of Policyholder: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address for ID Card: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLAN BENEFIT:**

Basic Option                       Expanded Option

Disappearing Deductible: \$ \_\_\_\_\_

Insured Percentage: \_\_\_\_\_

Maximum Benefit Limit: \$ \_\_\_\_\_

**CHECK COVERAGE DESIRED:**

Football Only (Fall & Spring): \$ \_\_\_\_\_

All Other Sports\*: \$ \_\_\_\_\_

\* 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.

Gallagher Special Risk  
5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: 269-381-6630  
Fax: 269-492-0084