

Marketed and Administered by:



Student Health &  
Special Risk

GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment  
For Intercollegiate Sports Accident Insurance

Name of Policyholder: Grace Christian 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: 80%

Maximum Benefit Limit: \$ 10,000

**CHECK COVERAGE DESIRED:**

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

☒ All Other Sports\*: \$ 749.00

\* 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.

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

GA-15-ISEF

***No Premium Refunds***