

Marketed and Administered by:



Student Health &
Special Risk

GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment
For Intercollegiate Sports Accident Insurance

Name of Policyholder: Aurora University

Athlete Name: _____

Date of Birth: _____

School Address: _____

School Phone: _____

Home Address: _____

Home Phone: _____

PLAN BENEFIT:

Basic Option Expanded Option

Disappearing Deductible: \$500

Insured Percentage: 80%

Maximum Benefit Limit: \$5,000

CHECK COVERAGE DESIRED:

Football Only (Fall & Spring): \$1,161.00

All Other Sports*: \$673.00

* 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
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Fax: 269-492-0084