

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.

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

GA-15-ISEF

No Premium Refunds