

DATE: April 4, 2008

**TO:** Returning Franklin Pierce Student-Athletes and Their Parents.

**FROM:** Bruce Kirsh, Director of Athletics

**SUBJECT:** Insurance for the 2008-09 Academic Year.

**The NCAA now requires that we have on file additional information pertaining to your health insurance coverage. While we realize that this may be inconvenient, we would appreciate your cooperation. The attached forms MUST BE completed entirely and on file no later than July 31, 2008.**

Franklin Pierce University provides accidental medical coverage for student-athletes, student trainers, student-coaches, student managers, and cheerleaders for athletically related injuries. However, coverage is subject to specific policy terms and conditions and includes certain restrictions and exclusions of which you should be aware. For information about the insurance coverage provided through Franklin Pierce University, please contact NAHAGA Claim Services, Attn: Peggy Frank, P.O. Box 189 Bridgton, ME 04009 or call 1-800-952-4320 should you have any questions regarding claims. Please note the Franklin Pierce assumes no responsibility whatsoever for any uninsured expenses, and we strongly recommend that the student have coverage through a primary health insurer to avoid possible, significant out-of-pocket expenses in the event of injury.

Please also note that the NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$75,000 deductible and is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's web-site at [www.ncaa.org](http://www.ncaa.org).

If you have any questions regarding this requirement, please contact me at 603/899-4080.

**FRANKLIN PIERCE UNIVERSITY**  
**EMERGENCY CONTACT and INFORMATION FORM**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_

SSN \_\_\_\_\_ Academic Year 2008-09

**The Acknowledgement of Insurance Requirements must be read and this form completed**

**Prior to the student-athlete participating in practice and/or competition**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student-athlete \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Group # \_\_\_\_\_ I.D.# \_\_\_\_\_

Effective Date of Policy   /  /   Expiration Date   /  /  

Primary Physician \_\_\_\_\_

Office Number \_\_\_\_\_

Policy Limit \_\_\_\_\_ Policy Deductible \_\_\_\_\_ Policy Co-Pay \_\_\_\_\_

Does the policy cover athletically related injuries? \_\_\_\_\_

**I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.**

**Parent/Guardian Signature and Date**

**Student-Athlete Signature and Date**

**Return to:** Franklin Pierce University

Joanne Cote-Office Coordinator

40 University Drive

Rindge, NH 03461

**You should keep a copy of these documents for your records**

**ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

*(Parent Version)*

I, \_\_\_\_\_, as parent, guardian or legal representative, attest that  
(parents name, please print)

\_\_\_\_\_ has insurance coverage under a current, in force insurance  
(student-athlete name)

policy for injuries that occur while he/she is participating in intercollegiate athletics. This coverage has limits of at least \$75,000.

**If there is a material change in coverage or expiration of coverage, I agree to notify Franklin Pierce University of this development and update the insurance information I have on file with Franklin Pierce University.**

I understand and agree that Franklin Pierce University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Franklin Pierce University.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(date)

Return to:  
Franklin Pierce University  
Joanne Cote-Office Coordinator  
40 University Drive  
Rindge, NH 03461  
603-899-4087

**IMPORTANT: YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD AND THE COMPLETED EMERGENCY CONTACT AND INSURANCE INFORMATION FORM.**