

**COCHISE COUNTY COMMUNITY COLLEGE DISTRICT
STUDENT ATHLETIC INSURANCE ACKNOWLEDGMENT FORM**

Pursuant to Cochise County Community College District (hereafter referred to as COLLEGE) Administrative Policy 2017, student athletes must maintain their own personal health insurance in addition to coverage provided by the COLLEGE.

Name: _____

Sport(s): _____

STUDENT:

- I acknowledge that my health insurance coverage is primary coverage and that the insurance carried by the COLLEGE is secondary;
- I will be responsible for all deductibles and copays for my primary health insurance coverage;
- I also acknowledge that COLLEGE's secondary insurance will cover only injuries that are sustained during my participation in officially sanctioned athletic events, and only when my own primary insurance is exhausted; and
- I will process the required claim documents with my primary health insurance carrier within 30 days of an injury. If I fail to process the required forms within the 30 days, I accept full responsibility for payment of all medical claims associated with the athletic injury.

PARENT/GUARDIAN:

- I understand that I am responsible for providing primary health insurance coverage for the abovementioned athlete while he/she is attending the COLLEGE and participating in the athletic program.

Student Athlete Signature

Date

Parent/Guardian Signature

Date

See Cochise College Administrative Policy 2017 Attached

**Cochise College
Administrative Policy**

**Category: Fiscal Management
Policy Number: 2017
Title: Insurance Coverage**

The office of the Vice President of Administrative Affairs shall be responsible for maintaining adequate comprehensive insurance coverage for all College buildings, grounds and vehicles including, but not limited to, casualty, property damage and general liability protection. As changes become necessary, they shall be brought to the attention of the President.

**Procedure 2017.1
Athletes**

Cochise College shall maintain secondary insurance to assist athletes with injuries sustained while participating in officially sanctioned athletic activities. Athletes are required to maintain personal health insurance as primary coverage, in addition to the coverage provided by the College as described in the "Student Athletic Insurance Acknowledgement Form".

**Procedure 2017.2
Athletic Insurance Acknowledgement Form**

Payments for injuries sustained in association with officially sanctioned athletic events will be determined by the College's Vice President of Administrative Affairs, in conjunction with the College's Athletic Director in following order of priority:

1. Any individual health or family health insurance policy that covers the athlete shall be primary;
2. If an injury or injuries amount(s) to more than the individual/family primary health insurance coverage, a secondary policy will be provided by Cochise College to assist with total costs; and
3. Once coverage in items 1 and 2 above are exhausted, the student athlete and/or his/her parents/guardian(s) shall be responsible for the balance due.