

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
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Fax: 269-492-0084