

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment
For Intercollegiate Sports Accident Insurance

Name of Policyholder: Bemidji State 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: 100%

Maximum Benefit Limit: \$10,000

CHECK COVERAGE DESIRED:

Football Only (Fall & Spring): \$1,584.00

All Other Sports\*: \$918.00

\* 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.

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