

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment  
For Intercollegiate Sports Accident Insurance

Name of Policyholder: St. Ambrose 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: \$5,000

**CHECK COVERAGE DESIRED:**

Football Only (Fall & Spring): \$1,168.00

All Other Sports\*: \$677.00

\* 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 \_\_\_\_\_

Administered by:

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