



First Agency, Inc.
 5071 West H Avenue
 Kalamazoo, MI 49009-8501

PARENT/GUARDIAN/STUDENT INFORMATION FORM

RETURN FORM WHEN COMPLETE TO → Name of College/University Prairie State College
 Attention Athletic Department
 Address 202 S. Halsted
 City Chicago Heights State IL Zip 60411

This form is to be completed by the
 Parents, Guardians or Student.

Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.
 If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

Name of Athlete _____ Sport _____
 Social Security No. or Passport No. _____ Date of Birth _____

Please note that the Injured Person's Social Security Number MUST be provided as required by the Center for Medicare Services pursuant to Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

College Address 202 S. Halsted, Chicago Heights, IL 60411 College Phone (708) 709-7837
 Home Address _____ Home Phone (_____) _____
 City _____ State _____ Zip _____

FATHER/GUARDIAN INFORMATION	MOTHER/GUARDIAN INFORMATION
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Father's Name _____ Social Security No. _____ Date of Birth _____ Address _____ _____ Employer _____ Address _____ _____ Telephone (_____) _____ Medical Insurance Company or Plan _____ Address _____ _____ Policy Number _____ Telephone (_____) _____ Is this plan an HMO or PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a second opinion required before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Name _____ Social Security No. _____ Date of Birth _____ Address _____ _____ Employer _____ Address _____ _____ Telephone (_____) _____ Medical Insurance Company or Plan _____ Address _____ _____ Policy Number _____ Telephone (_____) _____ Is this plan an HMO or PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a second opinion required before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE COMPLETE AUTHORIZATION ON REVERSE SIDE OF THIS FORM

