



**AFFILIATION**

NCAA     NAIA     NJCAA     OTHER \_\_\_\_\_

**PREVIOUS INSURANCE INFORMATION**

YEAR:	2015/2016	2014/2015	2013/2014	2012/2013
<b>BENEFITS:</b>				
Maximum Medical	75,000	75,000	75,000	75,000
Deductible	5,000	2,500	2,500	2,500
Benefit Period	104 wks	104 wks	104 wks	104 wks
Accidental Death Benefit	10,000	10,000	10,000	10,000
Coverage for Overuse Injuries/Conditions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for HMO/PPO Denials	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Coverage for Pre-Existing Conditions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Coverage for Heart/Circulatory Conditions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for Guest/Recruit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>PREMIUM:</b>				
Basic	\$ 36,229	\$ 44,502	\$ 46,303	\$ 48,000
Catastrophic (if purchased)	\$	\$	\$	\$
<b>CLAIMS HISTORY: *</b>				
Number of Claims Paid	# 1	# 2	# 2	# 1
Dollar Amount of Claims Paid	\$ 25.51	\$ 31,787.02	\$ 1619.22	\$ 8248.83
Through (Date)	03/2016	07/2015	07/2014	07/2013
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
NAME OF INSURER:	Mutual of Omaha    mutual of Omaha    Mutual of Omaha    Mutual of Omaha			

**OPTIONS TO BE QUOTED:**

Deductible:  \$0     \$250     \$500     \$1,000     Other \_\_\_\_\_

Coverage for Overuse Injuries/Conditions:  Yes  No    Coverage for Pre-Existing Conditions:  Yes  No

Coverage for HMO/PPO Denials:  Yes  No    Coverage for Heart/Circulatory Conditions:  Yes  No

Coverage for Guest/Recruit:  Yes  No

Benefit Period:  1 year     2 year    Accidental Death Benefit: \$ \_\_\_\_\_

Is Catastrophic Coverage desired:  Yes     No