

## Anahuac I.S.D. Insurance Waiver 2005-2006

I understand that Anahuac ISD purchases an accident insurance policy each year for its athletes. I understand that if I carry another insurance policy on my son/daughter that I must file any injury/accident on this policy first and that the school's policy will be filed as secondary. I understand that if I do not have another insurance policy on my son/daughter that the school's policy will pay as primary on any claims and that as with any policy, claims will be paid as per scheduled benefits and all expenses may not be covered.

\_\_\_\_\_  
Name of Student (PRINT)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Please read sections one and two below and fill out the appropriate section.

1. My son/daughter has a primary health insurance policy. I understand that in the instance of injury/accident that all claims will be filed upon this primary policy first and that the school's policy will be filed upon as secondary. At the time of injury/accident the proper paperwork for filing on the school's accident policy will be made available.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insurance Company (PRINT)

\_\_\_\_\_  
Policy or Group Number

**OR**

2. My son/daughter **does not** have a primary health insurance policy. I understand that in the instance of injury/accident that all claims will be filed upon the school's accidental insurance policy as primary. I further understand that claims will be paid as to the schedule of benefits and that all expenses may not be covered or paid. At the time of injury/accident the proper paperwork for filing on the school's accident policy will be made available.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date