

Name: \_\_\_\_\_

**Pacific University  
Verification of Insurance Form**

Athletes Name \_\_\_\_\_

UC Box # \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Primary Insurance  
(Personal or Parental Insurance)**

Name of Insurance Company \_\_\_\_\_

Address of Claims Office \_\_\_\_\_

\_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Is this insurance through your employer?  Yes  No

If so, name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

\_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Plan \_\_\_\_\_

\*\*\*Please indicate if you are covered under Pacific University school insurance.  Yes  No