



Claims Administrative Services, Inc.

P.O. Box 7500 • Tyler, Texas 75711
(903) 509-8484 • (800) 765-2412
Fax (903) 509-1888 • www.cas-services.com
Attention: Bob Mitchell

**Student Accident/Sickness
Questionnaire for Colleges**

Name of College or University _____
Address _____
City _____ State _____ Zip _____

STUDENT CENSUS	MEN		WOMEN		TOTAL
	RESIDENT	_____	_____	_____	_____
DAY	_____	_____	_____	_____	
Part-Time (if eligible)	_____	_____	_____	_____	

CURRENT METHOD OF ENROLLMENT	COMPULSORY	All Students _____
	VOLUNTARY	Waiver Card _____ Election Card _____
	OTHER	Describe _____

For our best quote, please complete information below. (Include a brochure of the plan for each of the years, if possible)

INSURANCE EXPERIENCE INFORMATION	YEAR	TOTAL PREMIUMS	PAID CLAIMS*	# OF STUDENTS INSURED
	2001-2002	_____	_____	_____
	2000-2001	_____	_____	_____
	1999-2000	_____	_____	_____

**This should be available from your insurance company. Please include a copy of current coverage plan along with a schedule of benefits.*

INDICATE RATES CHARGED FOR THE CURRENT AND PAST YEAR:

PREMIUM RATES		2001-2002	2000-2001
	Student	_____	_____
	Student/Spouse	_____	_____
	Student/Spouse/Dep. Children	_____	_____

HEALTH SERVICE INFORMATION	DOES SCHOOL HAVE:	INFIRMARY?	Y <input type="checkbox"/>	N <input type="checkbox"/>	DISPENSARY?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
	If "yes," do you have:							
	a.	Overnight care facilities?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Number of beds?	_____		
	b.	Number of days students may remain at no charge?	_____					
c.	Are X-rays furnished free of charge?	Y <input type="checkbox"/>	N <input type="checkbox"/>					
d.	Any major or minor surgical facilities?	Y <input type="checkbox"/>	N <input type="checkbox"/>					

SPORTS COVERAGE Intramural sports and physical education programs will be automatically covered under your Student. Do you want to cover your inter-collegiate or club sports under:

() Student Medical Policy () Separate Policy () Coverage Not Desired

If coverage is desired, please submit census showing number of participants for each sport to be covered. Description of current sports coverage, premiums and claims data are also requested.

RESPONSIBLE SCHOOL OFFICIAL

Name _____ Title _____

Phone _____ Fax _____ Email _____

Date _____