

NCAA Post-Eligibility Insurance Incident Report Form

Directions

Use this checklist for the PEI incident report form to ensure each section is completed by the correct party.

INJURED STUDENT-ATHLETE

Complete Part I
Complete Part II
Complete Part III
Sign Part V

AUTHORIZED SCHOOL REPRESENTATIVE

Review Part II and Sign
Complete Part IV
Sign Part V

After completion, please send the form to:

MUTUAL OF OMAHA

PO Box 31156
Omaha, NE 68131
Fax: (402) 351-4732
1-800-524-2324
specialrisk.pei@mutualofomaha.com

Part I: Injured Student Information

Injured Student's Full Name:

Did the injury occur on or after 8/1/2024:

Yes No

If no, you are not eligible for coverage. Please contact Nikki Hammond at nhammond@americanspecialty.com for additional information.

Date of Birth:

E-mail:

Mailing Address of Injured Student:

Alternate E-mail:

Contact Phone Number of Injured Student:

If Applicable, Parent or Guardian Name, Address, and Best Contact Phone Number (Include Area Code):



Part I Continued: Injured Student Information

Date of Injury:

Type of Injury:

Body Part Injured:

Side Affected: Left Right

Injury Occurred During:

Qualifying Intercollegiate Sport Competition

Official Team Activities

Supervised Conditioning

Practice Session

Covered Travel (authorized and paid for by the school)

Other Covered Event

Injury occurred during the Beginning Middle
or End of this activity.

If other, please explain:

Sport: Acrobatics/Tumbling Baseball
Basketball Beach Volleyball Bowling
Cross Country Equestrian Fencing
Field Hockey Football Golf Gymnastics
Ice Hockey Lacrosse Rifle Rowing
Rugby Skiing Soccer Softball Stunt
Swimming/Diving Tennis Track (Indoor)
Track (Outdoor) Triathlon Volleyball
Water Polo Wrestling
Other Qualifying Intercollegiate Sport

Type: Men's Women's Coed

If other, describe:

Describe how injury occurred:

Injured Student's Involvement in Sport at Time of Injury:

Athlete Cheerleader Mascot

Enrolled Prospective Student Trainer

Coach Manager

Did you receive mental health support as a result of this injury: Yes No

Part II: Collegiate Status

Athletic year on date of injury: Freshman Sophomore Junior Senior 5th Year Senior
Other Undergraduate Student Graduate Student Enrolled Prospective Student

If Graduate Student, please provide your NCAA Athletic Eligibility Expiration Date:

Have you been continuously enrolled in school since your injury? Yes No

If YES:

Post-eligibility insurance is available to enrolled students who have submitted a formal voluntary withdrawal form. This indicates you have withdrawn from your qualifying intercollegiate sport with no intent to transfer to and resume intercollegiate sport/activities at any active or provisional NCAA member school.

Do you have a Voluntary Withdrawal form on file at your institution? Yes No

If Yes, date of Voluntary Withdrawal:

If NO:

What is the first date that you separated from school?

Note: Provide your graduation date if you graduated without being enrolled in future classes. If you separated from school without graduating and were not enrolled in future classes, provide the last date you were enrolled in classes (prior to discontinuing enrollment). Regularly scheduled school breaks are not considered a gap in enrollment.

What is the reason you separated from school on that date?

Graduation My Injury

Illness of Myself or a Family Member Financial

Academic Ineligibility

Intended to Transfer but Did Not Re-enroll Other

Did your NCAA athletic season (immediately prior to your first separation from school) extend beyond your enrollment in school? Yes No

If Yes, on what date did that NCAA athletic season end?

I give permission for my institution to provide my student health records to Mutual of Omaha for the purpose of verifying this post-eligibility insurance claim.

Injured Student Signature:

Date:

Authorized School Representative sign here to confirm accuracy of information in PART II — Collegiate Status

Signature:

Date:

Part III: Other Insurance Statement

Are you covered as an individual, employee, or dependent member of a spouse or parent on any of the following coverages: a) an individual or group policy of health insurance or accident insurance; or b) a health care sharing ministry or similar health care sharing arrangement; or c) any prepaid service arrangement such as a Health Maintenance Organization (HMO); d) or eligible to receive benefits from Medicare? If so, please list all such policies or coverages other than Medicaid or Tricare. Yes No

If yes, name of insurance company or coverage organization:

Policy #:

If applicable, name of additional insurance company or coverage organization:

Policy #:

Part IV: Member Institution

Name of School:	Authorized Representative of School:
School Address:	Job Title:
Date of Initial Report of Injury:	Phone:
	Email:

Division: FBS FCS Division I - No Football Division II - Football Division II - No Football
 Division III - Football Division III - No Football

Does the school have documentation on file of the injury? Yes No
If no, the injured student is not eligible for coverage. Please contact Nikki Hammond at nhammond@americanspecialty.com for additional information.

Did the injury occur during a qualifying intercollegiate sport competition, official team activities, supervised conditioning, practice session, or covered travel (authorized and paid for by the school)? Yes No

Does the school have a basic accident policy or self-insurance policy that currently provides benefits to this student for the injury that is reported on this form (i.e., the injury date is within the benefit period and the policy maximum has not been paid)? Yes No

Applicable Plan Details:

Part V: Authorization to Pay Benefits to Provider

I authorize medical payments to a physician or supplier for services described on any attached statements enclosed. I further authorize that all the information in this form is true, correct and complete to the best of my knowledge.

Injured Student Signature:

Date:

I authorize that all of the information in this form is true, correct and complete to the best of my knowledge.

Authorized School Representative Signature:

Date: