

NCAA Post Eligibility Insurance Voluntary Withdrawal Form

This form is to be completed by a former NCAA student-athlete to formally withdraw from involvement in intercollegiate sports and/or activities for the purpose of the NCAA Post Eligibility Insurance claim process.

By signing below, I hereby voluntarily withdraw from my NCAA athletic team with no intent to resume intercollegiate sport/activities at my current school nor do I intend to transfer to and resume intercollegiate sport/activities at another participating school.

I understand that this form will be used for the NCAA Post Eligibility Insurance claim process and does not replace any voluntary withdrawal process required by my institution. I acknowledge that this form may be shared with my institution.

I affirm that I fully understand that the NCAA Post Eligibility Insurance program benefit period will begin on the date of voluntarily withdrawal and continue for 104 weeks consecutively or until the maximum benefit is reached, whichever comes first.

Date of Voluntary Withdrawal:

Full Student Name:

Student Signature:

Date:

Full School Name:

School Address:

Sport:

This section to be completed by a school administrator

Administrator Name:

Administrator Title:

Administrator Signature:

Date: