



2017 STUDENT HEALTH INSURANCE COVERAGE

Student Name: _____

Student Date of Birth: _____

Insurance Carrier: _____

Group/ID Number: _____

Subscriber's Name: _____

Subscriber's Date of Birth: _____

Notes (e.g. - preauthorization required, no Urgent Care coverage, etc.): _____

Please attach a legible photo copy of the FRONT of the insurance card in the space below:

FRONT OF CARD

Please attach a legible photo copy of the BACK of the insurance card in the space below:

BACK OF CARD

