

**2019 STUDENT HEALTH INSURANCE COVERAGE**

*Students who are not covered by a health insurance policy issued in the United States are required to purchase a policy offered through the school's insurance provider.*

**Student Name:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Group/ID Number:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_

**Subscriber's Date of Birth:** \_\_\_\_\_

**Notes or limitations to coverage (eg 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**