

Insurance Verification 2020-2021



Student Information

Student Name		ID#
Date of Birth (mm/dd/yy)	Phone	Email Address
Home Address (Street, City, State, Zip)		

Insurance Plan Information

Please provide the following information regarding your personal insurance policy that provides your health insurance coverage for the 2020-2021 academic year:

Insurance Company Name: _____
 Phone #: _____
 Address: _____
 Member ID#: _____
 Group or Policy #: _____
 Primary Insured Name: _____
 (if other than self) _____

Required Signatures

By signing this form I am affirming that my personal health insurance policy as outlined above will provide the coverage needed for my health care needs. I hereby release Bushnell University of any responsibility of my health care and I will assume all financial responsibility related to my health care while attending Bushnell University for the 2020-2021 academic year.

Print Student Name	Student Signature	Date
<i>Signature is only required by a parent or guardian if the student is under 18 years of age.</i>		
Print Parent/Guardian Name	Parent/Guardian Signature	Date

Office Use Only:

Date Received: _____ <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Need More Information	Notes:
--	--------