

STUDENT HOSPITALIZATION INSURANCE

name (last, first middle)		ID number
<input type="checkbox"/> fall	<input type="checkbox"/> spring	<input type="checkbox"/> summer
<p>If you are taking 6 or more credits (3 or more credits in summer) and are a degree-seeking student, you are required to have hospitalization insurance. The University-sponsored Health Benefit Plan (hospitalization insurance) will automatically be charged to your student account unless you check the box below, fill in the name of your insurance company, insurance company phone number, and policy number, and sign the bottom of this form. If you do not provide complete information, you will be charged for the Health Benefit Plan. You may receive a full refund by returning this information to one of the student service centers or by accessing your student record through the Web by the end of the first week of classes. This information is subject to periodic audits. Providing inaccurate or false information may result in unexpected charges. It is also a violation of the Student Conduct Code. (NOTE: Do not complete this form if you are registered for fewer than 6 credits [fewer than 3 credits in summer], or are not enrolled in a degree program.)</p>		
<input type="checkbox"/> I am adequately covered by the hospitalization insurance listed below.		
Name of insurance company or HMO	Insurance company phone number	Member ID number
<input type="checkbox"/> I have applied for and am enrolled in the Graduate Assistant Health-Care Plan.		
student signature		date

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