

HEALTH INSURANCE FORM

All registered undergraduate students and graduate students (matriculating and non-matriculating) attending Alfred University are expected to carry health insurance. Students are strongly encouraged to provide proof of insurance coverage prior to their arrival on campus by completing this form and returning it to the Health Service. If you do not have insurance, we have a list of plans available at the Health Service website.

All (F-1) International students are required to enroll in the school sponsored plan unless they provide proof of adequate coverage prior to their arrival on campus.

Student Information

First Name _____

Last Name _____

School Email _____

Student ID _____

Date of Birth _____

Primary Health Insurance Information (Policy Holder)

First Name (Policy Holder) _____

Last Name (Policy Holder) _____

Address (Policy Holder)

Name of Insurance Company

Member Id _____

Members Service Phone Number (on Card)

Phone Number (Policy Holder) _____

Policy Holder Date Of Birth _____

*** Please Include Copy of Insurance Card (Front & Back) *****