

Alfred University Wellness Center  
Health Services  
Phone: 607-871-2400  
healthcenter@alfred.edu

1 Saxon Drive  
Alfred, NY 14802  
Fax: 607-871-2631

## 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 (J-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)

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\_\_\_\_\_

\_\_\_\_\_

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Name of Insurance Company

\_\_\_\_\_

Member Id \_\_\_\_\_

Members Service Phone Number (on Card)

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Phone Number (Policy Holder) \_\_\_\_\_

Policy Holder Date Of Birth \_\_\_\_\_

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