Confirmation of Health Insurance Coverage Form

In an effort to promote academic success through wellness, Rutgers University requires that all enrolled students have a healthcare plan as a condition of enrollment. This plan is similar to traditional healthcare plans, as it provides coverage for student at school as well as at home and when traveling.

So that our office can garner greater understanding of its students’ potential need for university sponsored healthcare coverage, please complete the information below, sign at the bottom and return this form to your EOF counselor at orientation.

SECTION I: STUDENT GENERAL INFORMATION

Last Name: ___________________________ First Name: ___________________________
RUID: ___________________________ Cell Phone: ___________________________
Email Address: ___________________________

Do you have health insurance coverage or Medicaid?
Yes ☐ (If yes, please complete the section below). No ☐ (If no, please sign form and return)

SECTION II: TYPE OF COVERAGE (complete this section only if you indicated that you have coverage)

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Primary Insured</th>
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</table>
| Group (employer/state) ☐ Individual (self) ☐ | Name of Insured: ___________________________
| Insured’s Relationship to You: ☐ Self  ☐ Spouse  ☐ Parent  ☐ Other |

Name of Insurance Company: ___________________________
Member or Group ID # ___________________________
What is the dollar value of your coverage (if known)? ___________________________

SECTION III: STUDENT SIGNATURE

Student Signature ___________________________ Date ___________________________

Parent/Guardian Student Signature ___________________________ Date ___________________________