

Insurance Information

Required of all students

Please print or type.

Questions?

440-775-8180 or
student.health@oberlin.edu
(e-mail preferred)

Return to:

Oberlin College
Student Health Services
247 W. Lorain St., Suite A
Oberlin, OH 44074

Or fax to: 440-775-6404

DEADLINE: July 1, 2009

- I do not have health insurance at this time and have elected to purchase the Oberlin College Student Insurance. *Complete this form up to "Name of insurance company."*
- My insurance policy does not provide services in Oberlin, Ohio, and I have elected to purchase the Oberlin College Student Insurance. *Please send a copy of the front and back of your family insurance card with this form. Complete the entire form.*
- I have consulted with my insurance company and concluded the policy provides benefits to providers in Oberlin, Ohio. *Please send a copy of the front and back of your family insurance card with this form. Complete the entire form. Complete the online insurance waiver form for Academic Health Plans at www.ahpcare.com/oberlin. Both steps must be completed by the waiver deadline, September 30, 2009. The premium cost will appear on your fall 2009 term bill and will be refunded if you meet the waiver deadline.*

Student's name:

T Number:

LastFirstMiddle

Insured parent's name:

Parent's date of birth:

LastFirstMiddleMonth/Date/Year

Parent's address:

Number and Street

CityStateZipCountry

Parent's Social Security Number:

Relationship to student:

Parent's employment status: full time part time retired

Parent's employer:

Employer's address:

Number and Street

Insurance Information *(continued)*

City State Zip Country

Name of insurance company:

Insurance company address:

Number and Street

City State Zip Country

Insurance company telephone:

(Country/Area Code) Number

Social Security or Certificate Number:

Group Number:

Deductible amount _____