



## Insurance Form for Residence Hall Students

**RESIDENTIAL STUDENTS MUST RETURN THIS FORM**

**WITH A COPY OF BOTH SIDES OF THEIR INSURANCE CARD**

### Required Information (Please Print)

- Student ID No. (M00) \_\_\_\_\_
- Student Last Name, First Name: \_\_\_\_\_
- Semester and Year entering MCC: \_\_\_\_\_
- Name of Carrier: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Name of Policy Holder: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Effective Date: \_\_\_\_\_ Expiration Date (if known): \_\_\_\_\_
- Insurance must provide coverage for:
  - Ambulance Services
  - Emergency Treatment
  - Outpatient Doctor Visits
  - Diagnostic Testing
  - Inpatient Hospitalization
- Policy covers minimum standards: Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Signature (if 18 or over):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_