## Student Health Plan Coordination of Benefits Form

## **Student Information**

Other Health Insurance Information  Policyholder Name Relationship to Student Insurance Company Name Policy Number / ID  Group Number Effective Date Insurance Company Address Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage	
Date of Birth Phone Number  Mailing Address  Other Health Insurance Information  Policyholder Name Relationship to Student Insurance Company Name  Policy Number / ID  Group Number  Effective Date  Insurance Company Address Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Name
Phone Number  Mailing Address  Other Health Insurance Information  Policyholder Name  Relationship to Student  Insurance Company Name  Policy Number / ID  Group Number  Effective Date  Insurance Company Address  Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Student ID
Other Health Insurance Information  Policyholder Name Relationship to Student Insurance Company Name Policy Number / ID  Group Number Effective Date Insurance Company Address Insurance Company Phone Number  Additional Information Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Date of Birth
Other Health Insurance Information  Policyholder Name Relationship to Student Insurance Company Name Policy Number / ID  Group Number Effective Date Insurance Company Address Insurance Company Phone Number  Additional Information Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Phone Number
Policyholder Name Relationship to Student Insurance Company Name Policy Number / ID  Group Number Effective Date Insurance Company Address Insurance Company Phone Number  Additional Information Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Mailing Address
Relationship to Student Insurance Company Name Policy Number / ID  Group Number  Effective Date Insurance Company Address Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Other Health Insurance Information
Insurance Company Name  Policy Number / ID  Group Number  Effective Date  Insurance Company Address  Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Policyholder Name
Policy Number / ID  Group Number  Effective Date  Insurance Company Address  Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Relationship to Student
Group Number  Effective Date  Insurance Company Address  Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Insurance Company Name
Insurance Company Address Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Policy Number / ID
Insurance Company Address  Insurance Company Phone Number  Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Group Number
Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Effective Date
Additional Information  Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Insurance Company Address
Is this other insurance your primary coverage?  Type of Coverage  Additional Comments or Information  Signature	Insurance Company Phone Number
Type of Coverage  Additional Comments or Information  Signature	Additional Information
Signature	
_	Additional Comments or Information
Date	Signature
	Date