

**University of Iowa Student Health  
INSURANCE INFORMATION**

Name _____
Birth Date _____
Student ID# _____

***\*PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD\****

**I. Employer of Policyholder:** \_\_\_\_\_

**Primary Policyholder Information:**

Name of Policyholder: \_\_\_\_\_

Address of Policyholder: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone of Policyholder: (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

Birth Date of Policyholder: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient:  Self  Spouse  Partner  Father  Mother  Other\_\_\_\_\_

**Primary Insurance Information:**

Insurance Company: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_; (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**\*\*Do you have other health insurance? \_\_\_ Yes \_\_\_ No If yes, please complete the following information:**

**II. Employer of Policyholder:** \_\_\_\_\_

**Secondary Policyholder Information:**

Name of Policyholder: \_\_\_\_\_

Address of Policyholder: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone of Policyholder: (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

Birth Date of Policyholder: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient:  Self  Spouse  Partner  Father  Mother  Other\_\_\_\_\_

**Secondary Insurance Information:**

Insurance Company: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_; (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

***\*WE RECOMMEND THAT YOU HAVE YOUR INSURANCE CARD WITH YOU AT SCHOOL\****

<b>Front of Insurance Card</b>	<b>Back of Insurance Card</b>