

HEALTH INSURANCE VERIFICATION FORM

Updated 4/2/2019



ALL STUDENTS MUST FILE THIS DECLARATION OF HEALTH INSURANCE WITH THE STUDENT WELLNESS SERVICES, PRIOR TO THE START OF THEIR FIRST QUARTER.

We strongly recommend that parents and students review their health insurance policies to ensure they provide adequate coverage/benefits at local health care facilities in the Inland Empire.

STUDENT INFORMATION:

Name: _____ Student ID: _____

Date of Birth: _____ Gender: _____ Cellphone: _____

Email: _____

PARENT/GUARDIAN INFORMATION (For students under the age of 18):

Name: _____ Relationship: _____

Cellphone: _____ Address: _____

HEALTH INSURANCE DECLARATION:

Please select the response that best applies to you

OPTION 1:

I have no health insurance plan. I understand that having health insurance coverage is beneficial for obtaining health care services at facilities other than Student Wellness Services. I am interested in getting more information regarding how to obtain insurance for myself.

OPTION 2:

I have a health insurance plan obtained personally, or provided through the state, my family, my employer, or La Sierra University (international student health insurance only*). I agree to submit the insurance information to the university's Student Wellness Services, to be kept as part of my confidential health record.

HEALTH INSURANCE INFORMATION (Required if OPTION 2 was selected):

Please provide a copy of the front and back of your insurance card along with this completed form

Name of insurance: _____

Subscriber's policy number: _____

Subscriber's name: _____

Relationship to student: _____

Subscriber's daytime phone number: _____

Member or Benefit Phone Number: _____

Group Number: _____

Student's insurance ID#: (if different from subscriber number): _____

Subscriber's Date of Birth: _____

Is this policy an HMO insurance plan? Yes No

Is this policy a PPO insurance plan? Yes No

If it is neither, what type of plan is it? _____

**All currently enrolled students can use the Student Wellness Services regardless of their insurance.
The Student Wellness Services does not process or bill insurance.**

AUTHORIZATION:

I (We) hereby agree that the information contained in this document is true. I (We) also agree to promptly notify La Sierra University in the event of cancellation of the above coverage, and I (We) realize that if I (we) am uninsured, La Sierra University is not liable for any health care costs incurred by me (the student) at outside facilities.

Student Signature

Date

Parent/Guardian Signature

Date

*visit www.lasierra.edu/medical-services for more information about international student health insurance.

LA SIERRA UNIVERSITY
STUDENT WELLNESS SERVICES
4500 RIVERWALK PARKWAY, RIVERSIDE, CA 92505
Phone: (951) 785-2200 Fax: (951) 785-2263

LAST NAME:
FIRST NAME:
ID #:
BIRTHDAY: