UNDERGRADUATE STUDENT
PROOF OF HEALTH INSURANCE

The following information is requested for the purpose of compliance with the University’s health insurance requirement for University of Iowa students. The information will be used by the University Benefits Office for the purpose of identifying and evaluating health care financial responsibility information in accordance with University requirements and will not be released to any party outside the University without the student’s permission, except as permitted law.

STUDENT INFORMATION:

PRINT NAME:__________________________

STUDENT ID NUMBER (8 digits):__________________________

DATE OF BIRTH (MM/DD/YY):__________________________

INSURANCE POLICY INFORMATION:

INSURANCE COMPANY:

__________________________

NAME OF POLICY HOLDER (if other than the student):

__________________________

POLICY NUMBER:__________________________

STATEMENT OF FINANCIAL RESPONSIBILITY:

I, _______________________________, hereby certify that I am covered by health insurance or equivalent health care plan as required by the University of Iowa. If the University determines that the above coverage does not comply with the University’s health insurance requirement, I understand and agree that the University may charge my University bill for health insurance coverage, and I agree to pay all such charges made in accordance with University policy. I understand and agree that I will be responsible for any and all charges for health care services, fees, or deductibles, regardless of whether or not covered by insurance or equivalent plan, which are charged in accordance with University policies and procedures. I further understand and agree that the University of Iowa is not responsible for paying for or providing any medical/hospital care or health insurance coverage for me.

Signature:__________________________ Date:__________________________

Please return this COMPLETED form to:
University Benefits Office,
120 University Services Building
Iowa City, IA 52242-1911
Fax # (319) 335-2776 OR email: benefits-students@uiowa.edu

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