

Student Health Insurance Plan Enrollment Form

BY SUBMITTING THIS FORM, YOU CONFIRM THAT YOU WISH TO BE ENROLLED IN THE STUDENT HEALTH INSURANCE PLAN. CHARGES WILL BE POSTED TO THE STUDENT'S MISCELLANEOUS ACCOUNT.

Please type or print

Student's Name (last, first, middle)

Student Number (if known)

____/____/____
Date of Birth

Address for ID card to be sent

City

Zip

Telephone

e-mail address

Please enroll this student in the student health insurance plan

School Year: _____

Signature

Date

If you are enrolling after the October 1st open enrollment period, you will need to submit a certificate of coverage from your PRIOR insurance carrier.

Calvin College Health Services, Immunizations and Insurance, 3200 Knight Way SE, Grand Rapids, MI 49546
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