

Northwood University Department of Athletics Health Insurance Record

Last Name	First Name	Middle Initial	Social Security Number
Date of Birth	Age	Male/Female	Sport
Local/Cell Phone	Email address		
Local Address	City	State	Zip Code
Parent/Guardian Names	Mother's DOB	Father's DOB	
Home Address	City	State	Zip Code
Home Phone	Mother's Contact Phone Number	Father Contact Phone Number	
Emergency Contact Name (if not parent/guardian)	Relationship	Contact Number	

What kind of health insurance do you have?

Covered under parent _____ Covered by individual policy _____ No coverage _____

If you do have insurance, please complete (Blue Cross/Blue Shield policy holders, please see below):

Name and social security number of policy holder: _____

Social Security Number/ DOB of Policy Holder: _____

Policy Holder's Place of Employment: _____

Name of Insurance Company: _____

Address/ Phone Number of Insurance Company: _____

ID Number: _____ Group Number: _____

If Blue Cross/Blue Shield, please complete:

Name and social security number of Policy Holder: _____

Place/Address of Employment: _____

Agreement Number/ ID Number: _____ Plan Code: _____

Check one: Health Maintenance Organization (HMO) _____ or Preferred Provider Organization (PPO) _____

Name of Primary Care Physician

Does your insurance cover vision/eye care? Yes _____ No _____

Does your insurance provide dental benefits? Yes _____ No _____