



**INSURANCE INFORMATION FORM
VOLUNTEER COVERAGE
ACADEMIC YEAR 2010-2011**

I accept the Mercyhurst sponsored Highmark PPO Blue Health Insurance Plan with the following coverage:

- | | | |
|---|---|---|
| <input type="checkbox"/> Individual coverage
\$1,224.00 Annual
\$416.00 per Trimester | <input type="checkbox"/> 2-Person coverage
\$3,185.00 Annual
\$1,070.00 per Trimester | <input type="checkbox"/> Family coverage
\$3,804.00 Annual
\$1,277.00 per Trimester |
|---|---|---|

Please fill out this form completely and legibly, sign and return this form and accompanying payment to:
Mercyhurst College, Attn: Anita Higgins, Egan Hall 323, 501 East 38th St., Erie, PA 16546

STUDENT INFORMATION:

Name _____	SSN _____	Student ID # _____
Date of Birth _____	College Address _____	Campus Phone _____
Home Address _____	Home Phone _____	
City _____	State _____	Zip _____ Country _____

PARENT INFORMATION:

Father/Guardian Name _____	Mother/Guardian Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (____) _____	Phone (____) _____
Employer _____	Employer _____

ADDITIONAL DEPENDENTS

Dependents	First Name, MI, Last Name	Social Security #	Birth Date (mm/dd/yyyy)	Gender (M/F)	Other insurance? (Y/N)
Spouse					
Child					
Child					
Child					
Child					
Child					
Child					

* Please indicate "yes" if any dependents have other insurance coverage available to them and complete the information below.

PRIMARY INSURANCE INFORMATION

Name of Policyholder _____
 Policyholder SS# _____
 Policyholder Date of Birth _____
 Insurance Company Name _____
 Plan Name/Type _____
 Group Number _____
 Policy / ID Number _____
 Claims Mailing Address _____
 City _____ State _____ Zip _____
 Ins. Co. Phone (____) _____

SECONDARY INSURANCE INFORMATION

Name of Policyholder _____
 Policyholder SS# _____
 Policyholder Date of Birth _____
 Insurance Company Name _____
 Plan Name/Type _____
 Group Number _____
 Policy / ID Number _____
 Claims Mailing Address _____
 City _____ State _____ Zip _____
 Ins. Co. Phone (____) _____

I hereby validate that the insurance information I have provided above is correct to my knowledge and is currently valid. If there change in this information, I agree to notify Mercyhurst College of this development and update the insurance information I have on file with Mercyhurst College. I hereby authorize Mercyhurst College and it's affiliated and contracted insurance companies, brokers and administrators to investigate the validity of the information provided by the student. A photo static copy of this authorization shall be deemed as effective and valid as the original.

Any person who knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of parent _____ Date _____
 Signature of student _____ Date _____