

HEALTH/HOSPITALIZATION INSURANCE

Return completed form to the **Office of the Registrar**, 212 Behmler Hall, 600 E 4th St, Morris MN 56267 OR
View/update your information online at <http://www.morris.umn.edu/onestop>

The **deadline** for submitting private health/hospitalization insurance information is by the **end of 10 class days** of the term.

Name <i>(last, first, mi) please print clearly</i>		Student ID <i>(or SSN)</i>
Term/Year:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
		Year: _____

If you are a degree seeking student taking 6 or more credits, you are required to have hospitalization insurance. The University-sponsored hospitalization insurance will automatically be charged to your student account unless you provide the name of your insurance company name, phone number, policy number, and sign the form below. If you do not provide complete information, you will be charged for insurance.

<p>This information is subject to periodic audits. Providing inaccurate or false information may result in unexpected charges.</p> <p>Do you have private health/hospitalization insurance?</p> <p><input type="checkbox"/> Yes, I am adequately covered by the health/hospitalization insurance company listed below:</p> <p>Insurance Company Name: _____</p> <p>Telephone Number: _____</p> <p>Member ID: _____</p> <p><input type="checkbox"/> No, I don't have a private insurance provider and would like to purchase the University's insurance. <i>(UMM currently offers a health insurance policy, administered by Specialty Risk Management. Pamphlets regarding this student health insurance policy are available at Health Services, C.A. Gay Residence Hall Room 18, 600 E 4th St, Morris MN 56267 [320-589-6070].)</i></p> <p><input type="checkbox"/> I am taking fewer than 6 credits this term or I am a non-degree seeking student.</p>
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I certify that the information I have provided is true. I understand that misrepresentation is a violation of the Student Conduct Code.

<i>Student Signature</i>	<i>Date</i>

The University of Minnesota is an equal opportunity educator and employer.

Students are required to provide and/or verify insurance information each term. The space below is provided for those students who do not have an insurance-provided member card. So you are prepared at registration, you may write your information below, cut along the line, and carry it with you.

Insurance Company Name: _____

Telephone Number: _____

Member ID: _____