



TEXAS TECH UNIVERSITY
Student Health Services™

Medical Insurance Information Form

Please return the completed form to Student Health:

1003 Flint Ave, 1st Floor

Fax to: (806)743-2122

E-mail to: studenthealthservices@ttuhsc.edu

Health Insurance

Name of Student: _____ R Number: _____ Date of Birth: _____

Name of Insured Party (Subscriber name): _____

Insured Party Social Security Number (Tri-care only): _____

Relationship to Student: _____ Insured Party's Date of Birth: _____

Insurance Company Name: _____

Phone Number: _____

Claims Address: _____

Policy Number (ID#): _____

Group Number: _____ Group Name: _____

In case we have any follow up questions please, provide the following information:

Phone Number: _____

E-mail Address: _____