

Student Address & Health Insurance Verification Form

Please email this form, along with a copy (front and back) of your current health insurance card.

Address Verification

First & Last Name:	<input type="text"/>		
Class/Grad Year:	<input type="text"/>	Example: "SOM 2012"	
Current Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
Cell Phone:	<input type="text"/>	Semester:	<input type="text"/>
		Year:	<input type="text"/>
Emergency Contact:	<input type="text"/>		
Emergency Contact Relationship:	<input type="text"/>		
Emergency Contact Phone:	<input type="text"/>		
<input type="checkbox"/>	By checking this box, I acknowledge that the above information is current.		
Today's Date (mm/dd/yyyy):	<input type="text"/>		

Health Insurance Information

Current Health Insurance Coverage (Company Name):	<input type="text"/>
Date Coverage Began:	<input type="text"/>
<input type="checkbox"/>	*By checking this box, I understand that I am required to maintain health insurance coverage while enrolled at The University of Kansas - School of Medicine. I certify that I currently maintain my health insurance coverage through the company listed above.
Today's Date (mm/dd/yyyy):	<input type="text"/>
*One copy of your current insurance ID card must be submitted to ASA at the time of Registration, and/or anytime you change your insurance provider.	