



## **Health Insurance Verification**

**This form must be completed and submitted with a copy of your health insurance card in order to be eligible for a room assignment**

Please fax documentation to: (315) 498-6023  
 Scan and email to: [reslife@sunyocc.edu](mailto:reslife@sunyocc.edu)  
 Or mail to the address to the left of this form

Student Name: (LAST)\_\_\_\_\_ (FIRST)\_\_\_\_\_ (MI)\_\_\_\_\_

Address:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone (HOME)\_\_\_\_\_ (CELL)\_\_\_\_\_ (WORK)\_\_\_\_\_

Insurance Policy Holders Name: (LAST)\_\_\_\_\_ (FIRST)\_\_\_\_\_

Policy Holder Relationship to Student:\_\_\_\_\_

Insurance Name:\_\_\_\_\_

Policy #/Member #/Subscriber ID#:\_\_\_\_\_

Effective Date of Coverage:\_\_\_\_\_

If there is a medical condition/diagnosis that either our Residence Life staff or Campus Safety first responders need to be aware of please indicate here: \_\_\_\_\_

If no medical condition or diagnosis exists that we need to be aware of please check here: ☐

In the event that the above named student needs emergency care, hospitalization or surgery while residing in the residence halls, I authorize Onondaga Community College and Onondaga Community College Housing Development Corporation to secure any medical treatment deemed necessary. I understand that such treatment shall be solely at my expense.

Policy Holder's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Student's Signature\_\_\_\_\_ Date:\_\_\_\_\_

In case of a serious or life threatening illness or injury, Onondaga Community College will contact 911. Emergency transportation to a local emergency department will be provided by Rural Metro Medical Services. The College will attempt to notify a student's emergency contact.