



Health Insurance Information Form

Students enrolled in nine (9) or more credits in any one semester are required to provide proof of health insurance. Please complete your information below:

Legal Name: _____

Program: _____

I do currently have health insurance.

Name of Insurance Provider: _____

Insurance Company Phone Number: _____

Policy
Number: _____

I do not currently have health insurance, but I will obtain insurance and provide the above information no later than September 30, 2020.

Signature: _____ Date: _____

Please return this form to Kat A. Croswell, Registrar, or kcroswell@absw.edu.