

Resident Student Health Insurance Form

Student Name _____ Date of Birth _____

Student will have (*check all that apply*):_____ Rivier University Student Accident and Health Insurance Program
(You will be receiving information on this plan.)_____ Insurance (Please attach a copy of both sides of insurance card)

Students with HMO plans are strongly encouraged to also purchase the Rivier University Student Accident and Health Insurance Plan, as HMOs do not cover many out-of-network health expenses.

Type of plan ___ HMO ___ PPO ___ other

Name of Insurance Company _____

Group I.D. Number _____

Member I.D. Number _____

Insurance Company Telephone Number _____

Primary Care Provider Name (MD/NP) _____

Address _____

Phone _____ Fax number _____

Parents and students please read and sign below:

It is our understanding that if the student has private health insurance, especially a managed care plan, Nashua area health care providers and diagnostic tests or prescriptions written by these providers may not be covered under the health insurance plan. The student/family may be billed for any medical care not covered by the private insurance plan. Additionally, parents may be asked to transport students home if an illness is not covered under the student's private insurance plan.

Signature (student) _____ Date _____

Signature (parent) _____ Date _____

Submit by August 15 to: Quibin Student Health Services,**Rivier University, 420 South Main St., Nashua, NH 03060-5086 Fax: (603) 897-8806**