

Health Insurance Information Form

Date:

Student Legal Name:

Semester:

Vandal ID Number:

- Spring 2025
- Other _____

Vandal Email:

- Your plan does not have any limitations or exclusions on pre-existing conditions.
- Your plan covers hospital stays for medical, surgical, and inpatient mental health conditions.
- Your plan covers doctors' visits for medical and outpatient mental health conditions.
- Your plan covers prescriptions, or you have a third-party vendor (CVS Caremark, etc).
- Your plan has access to provider network within the Moscow/Pullman area or area of study. Coverage must be available for routine, diagnostic, urgent and hospital care. (Coverage ONLY telehealth, urgent, and emergency is NOT acceptable.
- Your plan covers diagnostic services, including laboratory services.
- Your plan is effective on or before the first day of the semester with no break in coverage.
- Your plan is effective on the first day of the calendar month following the first day of the semester.
- Your plan is effective on or before the first day of the calendar month following an involuntary loss of previous coverage.

NOTE: Travel Plans, County Medical Service Plans (Medicaid) outside the state of Idaho or Washington, Fixed Indemnity Plans, Short-term Plans, and Supplemental/Reimbursement Plans are not accepted as comparable coverage.

This form must be returned to health@uidaho.edu from the students official vandal email address OR delivered in person to **831 Ash St Room 101, Moscow, ID 83844.**

Student Signature/Date:

Insurance Information:

Insurance Company Name:

Insurance Company Phone Number:

Insurance Card ID Number:

Insurance ID Group Number:

Policy Holder Information – primary insured person (parent or spouse if student is a dependent)

Full Name:

Date of Birth:

Employer:

Gender:

Relationship to Student: