

**OUHSC/Department of Family Medicine  
College of Allied Health Student**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M or F

Home Address: \_\_\_\_\_

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

University ID#: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

College Attending: **Allied Health** Expected Graduation Year: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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**INSURANCE INFORMATION**

**COMPLETE ALL INFORMATION BELOW IN ITS ENTIRETY.**

*All students are required by the Board of Regents to have health insurance. Students may purchase the OUHSC student policy or a policy from an insurance company of your choice.*

Name of Primary Policy Holder: \_\_\_\_\_

Relationship to Policy Holder: Spouse  Dependant  Self

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Select one of the following:**

- I have attached a copy of the front and back of my health insurance card**, so I will not purchase the OUHSC Student insurance plan provided by Macori.
- I will purchase** the OUHSC Student insurance plan provided by Macori and **upload a copy of the front and back of my health insurance card to my student account** no later than one week before the first day of classes begins.