

STUDENT DEMOGRAPHIC & HEALTH INSURANCE INFORMATION
Meningitis B Vaccine Clinics

1. Complete Student Demographic Information: Today's Date: _____

RU ID# _____ Date of Birth _____

Last Name _____ First Name _____

Cell Phone # _____ Email _____

Home Address _____

2. Complete Health Insurance information for either section a. or b.

a. HEALTH INSURANCE INFORMATION (For students who have waived the Student Health Insurance):

Insurance Company Name _____ Telephone # _____

Member/Subscriber ID # _____ Group # _____

Subscribers (Policy Holder) Name & Date of Birth _____

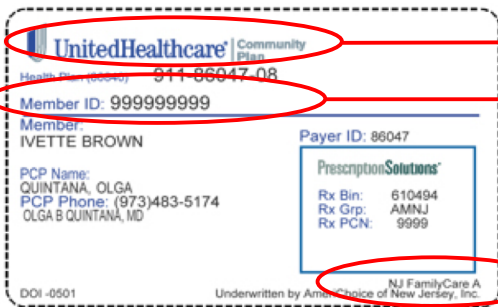
b. STUDENT HEALTH INSURANCE INFORMATION from www.uhcsr.com. Group: Rutgers, The State University

UHC SR ID # _____ Confirmation # (If Applicable) _____

Circle policy#: 2016-519-2 2016-915-3 2016-202826-1 2016-527-1

How to read your insurance card:

MEDICAID PLAN and NJ Family Care Example

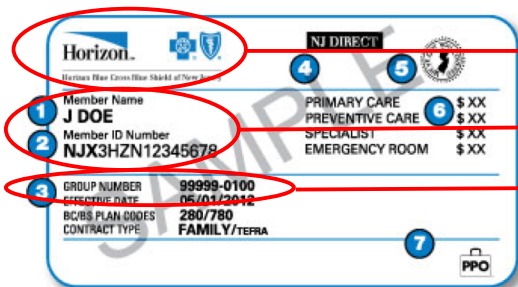


Insurance Name

Member ID #

Group # - May be a number or NJFAMCAR or Medicaid Designation

Other Insurance Plan Example



Insurance Name

Member ID #

Group Number