

STUDENT DEMOGRAPHIC & HEALTH INSURANCE INFORMATION

1. Complete Student Demographic Information:

RU ID# _____ Date of Birth _____

Last Name _____ First Name _____

Cell Phone # _____ Email _____

Address _____

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

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

Insurance Carrier Name _____

Member/Subscriber ID # _____ Group _____

b. STUDENT HEALTH INSURANCE INFORMATION (UHCSR) UnitedHealthcare StudentResources

SR# _____ from www.uhcsr.com. Group: Rutgers, The State University

OR

Enrollment confirmation# _____ from www.universityhealthplans.com

Circle policy#: 2019-519-2 2019-915-3 2019-202826-1 2019-527-1

How to read your insurance card:

MEDICAID PLAN AND NJ Family Care

1 Insurance Carrier Name

2 Member ID#

3 Group # (This may be a number or a NJFAMCAR or Medicaid designation.)

Other Commercial Insurance Plan

1 Insurance Carrier Name

2 Member ID#

3 Group #

Student Health Insurance Plan

1 SR ID#

2 Policy #

If you are enrolled in the Student Health Insurance Plan but do not yet have your insurance card, your enrollment # can be found in the confirmation email you received when you enrolled in this plan or when you login to your account online.