



# Student Health Insurance Requirements

Student Affairs

2500 E. Nutwood Ave.  
Fullerton, CA 92831 USA  
(714) 879-3901 x2311  
FAX (714) 681-7224  
Email: [health@hiu.edu](mailto:health@hiu.edu)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

- YES My personal health insurance covers illness, injury, and prescription services; AND emergency and non-emergency services in the Orange County California area or area of program.
- YES My personal health insurance will be effective on or before the first day of the semester. It meets the substantial compliance standards outlined in the Student Handbook.
- YES I understand that I must maintain active and continuous compliant health insurance to be enrolled as a traditional undergraduate student and that noncompliance will result in not being able to attend classes or participate in athletic events.
- YES I also acknowledge that if I drop, lose or change insurance during the academic year I must notify the Student Affairs Office within 30 days to provide new policy information.

## OPTIONAL REQUIREMENTS:

- YES I have insurance that covers injury while participating in intramural, club, or intercollegiate sports programs.
- NO I will NOT be participating in intramural, club or intercollegiate sports programs.

## REQUIRED INSURANCE INFORMATION—Please include all prefix letters and numbers for policy information.

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

Insurance Company Customer Service Phone Number: \_\_\_\_\_

Insurance Policy/Individual/Subscriber Number: \_\_\_\_\_

Insurance Group or Employer Number (if applicable): \_\_\_\_\_

## POLICY HOLDER INFORMATION—for the primary insured person (parent or spouse if student is the dependent):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Relationship to Student:

- Self     Parent/Guardian     Spouse

I hereby certify the above information is correct. I understand I will not be clear to register for classes until I have emailed a picture or PDF of the front and back of my health insurance card to [health@hiu.edu](mailto:health@hiu.edu).

\_\_\_\_\_  
*Signature*

Please allow up to 5 business days for processing and holds to be removed. Questions may be directed to the Executive Assistant to the VP of Student Affairs by phone at 714-879-3901 x2311 or by email [health@hiu.edu](mailto:health@hiu.edu).