

BENNINGTON COLLEGE

PROOF OF HEALTH INSURANCE FORM

All full-time Bennington College students must be covered by a health insurance policy and provide proof of coverage to the Health Services Office. You are required to resubmit this form anytime you have a change to your insurance policy. Please complete this form and submit it along with a photocopy of the front and back of your insurance card.

If you have coverage through both parents, please supply information on both policies and indicate which one is primary. (Use back of form as necessary.)

Student Name _____ DOB _____

Name of Policy Holder _____

Policy Holder DOB _____ Relationship to Student _____

Health Insurance Company _____

If policy is a Medicaid based policy, please check here

Health Insurance Company Address _____

Health Insurance Company Phone Number _____

Policy Number _____ Group Number _____

Coverage Effective Date _____ End Date _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

(If student is under 18 years old)

Please call 802-440-4426 with questions.

Submit completed form and copy of the front and back of your insurance card via mail, email or fax.

Fax: 802-440-4427
Email: healthservices@bennington.edu
Mail: Health Services
Bennington College
One College Drive
Bennington, VT 05201