

Medical Insurance/Emergency Information Sheet

IDN# _____ (office use only)

Year entered _____

Name: _____

Home/Permanent Address: _____
Last First Middle

Street _____

City State Zip _____

Telephone: (_____) _____

Date of Birth: _____

Cell Phone : (_____) _____

Social Security Number: _____

NOTIFY IN CASE OF EMERGENCY:

1) Name: _____

Relationship: _____

Daytime Phone: () - _____

Evening Phone: () - _____

2) Name: _____

Relationship: _____

Daytime Phone: () - _____

Evening Phone: () - _____

STUDENT WANTS CLAREMONT COLLEGE COVERAGE:

annual fall semester spring semester spring/summer

deadline: 09/07/09 9/07/09 2/08/10 2/08/10

If student has private coverage, please complete this section:

Private insurance information

Student is covered by: _____
Name of Insurance Company

Address of Insurance Company

() _____
Phone number for contacting Insurance Company Policy Number

*Please note by selecting the Claremont College Insurance your Pitzer student account will be charged for the annual, fall, spring/summer coverage plan. A brochure outlining the plan coverage and cost can be obtained through the Student Affairs Office and @ www.renstudent.com/claremont

Note: If private medical insurance information is not provided prior to the deadlines indicated above for each of the semester, the student will be charged for and covered by the colleges insurance. Once the insurance coverage is provided, the **insurance fee is non-refundable**. It is the student's responsibility to keep the College informed of changes in medical coverage, and **coverage must be confirmed every year**.

Signature (student or parent)

Date

Return Original To: Pitzer College
Office of Student Affairs
1050 N. Mills Avenue
Claremont, CA 91711

Questions should be directed to
Office of Student Affairs
Phone: (909) 621-8241
Fax: (909) 607-7136