

# HEALTH INSURANCE REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First MI

I would like to request the University health insurance for the \_\_\_\_\_ term.  
Thank you.

Signature: \_\_\_\_\_

## FOR A/R DEPT. USE ONLY

Staff Initials \_\_\_\_\_