



# HIWASSEE COLLEGE

## Insurance Enrollment Form

Student Name:

\_\_\_\_\_

First Name

M.I.

Last Name

Billing Address:

\_\_\_\_\_

Street Address

Apt #

\_\_\_\_\_

City

State

Zip Code

Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

Beneficiary:

\_\_\_\_\_

Name of College:

Hiwassee College, 225 Hiwassee College Dr., Madisonville, TN 37354

Who are you enrolling? (check one)

Student Only

Student & Spouse

Student & Child(ren)

Student & Family

Is anyone proposed for coverage covered by any Title XIX program (such as Medicaid)?

Yes

No

If yes, list name(s) who will be excluded from coverage: \_\_\_\_\_

I verify that I'm a registered student of the above-named school and I understand that my eligibility may be subject to verification by the school.

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

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