

STUDENT MEDICAL INSURANCE INFORMATION FORM

This form should only be used for services provided at Hudson Health Center

Return this form with copies of all bills from Hudson showing dates of service and the treatment that was provided.

POLICY NO: 2006-1103

Underwritten by: The MEGA Life & Health Insurance Company

Check her if the address on the form is different than the address on file with the Registrar's office.

Student Name: _____

Male _____ Female: _____

University ID #: P _____ Date of Birth: _____

Current Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Mail this completed form to:

**Klais & Company, Inc.
1867 West Market Street
Akron, Ohio 44313**