

Rhodes College Health Insurance Information

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All Rhodes students are required to have medical insurance coverage. As proof of coverage, please place a legible copy of the front and back of your insurance card below.

Form must be submitted by JUNE 1

All information must be in English

Scan and email from to Health-forms@rhodes.edu by June 1

Student's Name _____ Sex _____
Last First Middle

Birthdate _____ Preferred pronouns _____ Gender Identity _____

Rhodes ID Number _____ Student's Cell Phone Number _____

Parent's Name _____

Home Phone _____ Parent's Cell phone _____

Home Address _____
City State Zip

Primary Insurance Holder Name _____
Last First Middle

Date of Birth of the Primary Insurance Holder _____
Month Day Year

