

RHODES HEALTH INSURANCE INFORMATION FORM

Page 1 of 1

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 form 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

FRONT

BACK