**Rhodes Health Insurance Information Form**

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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.

Return this form by June 1st to: Rhodes College Student Health Center 2000 N. Parkway Memphis, TN 38112 health-forms@rhodes.edu

Rhodes College

Student Health Center

2000

Rhodes College Student Health Center 2000 N. Parkway Memphis, TN 38112

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_
 Last First Middle
Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred pronouns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender identity\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhodes ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City State Zip

FRONT

BACK