



The MIT Office of Minority Education

Massachusetts Institute of Technology
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Cambridge, MA 02139
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INTERPHASE PROGRAM 2009 STUDENT INSURANCE INFORMATION FORM

Student Information

Name: _____
Last First M.I.

MIT ID number _____

Please check ONE of the following two options. Follow the instructions according to the option selected. Please make sure your application is legible and complete.

- I **DO NOT** currently have health insurance.
You do NOT need to complete this form. We will make arrangements for your health insurance for the duration of the program (June 28, 2009 – August 19, 2009).
- I am currently participating in a health insurance program
Complete the next section ONLY if you already have other hospital insurance.

Insurance Coverage Information

Insurance Company Name: _____

Expiration date (if applicable): _____ / _____ / _____

Policy Number: _____

Group Number: _____

Insurance Address: _____

Street/Road Unit/Apt

City/Town State Zip Code

Insurance Country: _____

Subscriber Name: _____

Subscriber Relation: _____

Subscriber Date of Birth: _____ / _____ / _____

Subscriber Gender: Female Male