

**ALDERSON-BROADDUS COLLEGE
OTHER INSURANCE QUESTIONNAIRE**

Name of Student _____ Soc Sec # _____

Father

Mother

Name _____

Soc Sec # _____

Employed _____ Yes _____ No

_____ Yes _____ No

Employer _____

Employer Address _____

Employer Phone _____

Contact Person _____

Do you have Group Medical Insurance Coverage through your Employment?
 _____ Yes _____ No _____ Yes _____ No

Ins. Co. _____

Address _____

Policy # _____

Type of Plan: _____ Health Maintenance Organization (HMO)
 _____ Preferred Provider Organization (PPO)
 _____ Standard Medical & Hospitalization Coverage
 _____ Other (Describe)

If you have medical insurance coverage as an eligible, and your son/daughter is not covered or is partially covered due to policy limitations, please explain.

If you have medical insurance that has stringent or specific specifications please give details for filing a claim.

PARENT/GUARDIAN/FATHER _____ DATE _____

PARENT/GUARDIAN/MOTHER _____ DATE _____