



**CARROLL COLLEGE**

# STUDENT HEALTH INSURANCE INFORMATION

**HEALTH INSURANCE REQUIREMENT**

Carroll College students taking ten or more credits are required to carry health insurance. Insurance policies can be individual, family or parent, Medicaid or state-assisted policy, or Carroll's student health insurance. Students are automatically billed and enrolled in Carroll's student health insurance unless health insurance information and this signed form is received by the Business Office on or before the end of the first week of classes (drop/add date)

**QUESTIONS?**

If you have questions stop by or call the Business Office, 406-447-5428 or 800-992-3648, ext. 5428. Office hours are 9 a.m. to 4 p.m., Monday through Friday, except holidays.

**RETURN THIS SIGNED FORM TO**

Carroll College Business Office  
1601 N Benton Avenue  
Helena MT 59625-0002

Student Name (print) \_\_\_\_\_ Student ID# \_\_\_\_\_

Social Security No. \_\_\_\_\_ Academic Year 20\_\_\_\_ - 20\_\_\_\_

\_\_\_\_ I confirm that I am covered by the below-listed health insurance policy.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Current Health Insurance Carrier \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Claim Address \_\_\_\_\_

And Phone Number \_\_\_\_\_

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\_\_\_\_ I DO NOT have health insurance and require coverage under Carroll's Student Health Insurance program.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_