

Proof of Health Insurance Form

Please Print Clearly.

Date of Birth: ____/____/____ NICC ID #: _____ SEVIS #: _____ Social Security # (if applicable): _____

First Name: _____ Family Name: _____ Middle Initial: _____

Home Country Address: _____
Street Apt. City State Zip

Guardian(s) or Closest Relative First Name: _____ Family Name: _____ Middle Initial: _____

Guardian Address: _____
Street Apt. City State Zip

Person to notify in U.S. in case of Emergency _____ Telephone: _____

.....
Health Insurance Company: _____ Policy Number: _____

Policy Name: _____ Date of Initial Policy Coverage: ____/____/____ Expiration Date: ____/____/____

Customer Service Number and/or Agent Contact: _____
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Please provide a copy of insurance card with this document.

Personal Health History.

Please list all current immunizations along with dates: _____

Please list all serious health conditions that you have had or are currently receiving treatment for: _____

Once completed, please submit all the required materials to the campus you plan to attend:

Northeast Iowa Community College

Attn: Admissions Office
8342 NICC Drive
Peosta, IA 52068
Fax: 563.557.0347

Northeast Iowa Community College

Attn: Admissions Office
1625 Hwy 150 South
P.O. Box 400
Calmar, IA 52132
Fax: 563.562.4369