

# Primary Insurance Form

Student Health Center · Student Medical Insurance Office  
Mailcode 6740 · 374 East Grand Avenue · Carbondale, IL 62901  
Ph: 618-453-4413

Dear Student:

Southern Illinois University Carbondale Student Medical Insurance Office makes every effort to keep your medical benefit premiums to a minimum. One of the major cost saving features of the student plan is that it is excess to any other insurance in effect. Once all other insurance benefits have been exhausted, the student plan pays on the remaining balance according to policy guidelines in effect at the time of service.

The Student Medical Insurance Office has received information regarding a potential claim. Further processing and /or payment on this claim is suspended, pending verification of other insurance benefits. In order to satisfy auditing requirements, and more effectively process your claim, your parent, guardian, or responsible person must complete the following information and return this sheet.

The following information is to be completed and returned within 15 days of receipt. According to policy guidelines, (see the Student Medical Insurance Plan document, on the Student Health Center website, at <http://www.siu.edu/~shc> ), failure to comply with this request will result in permanent denial of benefits for this claim.

**Is the student covered by any other insurance benefits?**

Yes  No, if no, please sign below and return

Name of the student (Last, First, MI)		Social Security Number	
If married, does your spouse have coverage on you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to student	Age
Name and address of insurance company			Major medical deductible
Name of employer		Employer phone #	
Name of policy holder		Policy holder SSN #	

I certify that the above information is true and correct.

\_\_\_\_\_  
Name / Title (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date