

STUDENT HEALTH INSURANCE

Goucher College Student Health and Counseling

Student name

Date of birth

410-337-6050 (phone) • www.goucher.edu/health
Upload to • <https://goucher.medicatconnect.com>

HEALTH INSURANCE COMPANY

Name

Policyholder

Policy No.

Group No.

Insurance company address

City

State

ZIP

Insurance company phone number

ATTACH A COPY OF YOUR HEALTH INSURANCE CARD (FRONT AND BACK) BELOW: