

New Mexico Military Institute – Medical Insurance Information

Student Info

- Full Name _____
- Social Security Number _____
- Date of Birth _____

Policy Holder Info

- Policy Holder Name _____
- Holder's Date of Birth _____
- Holder's Address _____
- City _____ State _____ Zip _____
- Holder's Phone _____

Insurance Company Info

- insurance Co Name _____
- Company Address _____
- City _____ State _____ Zip _____
- Phone number _____
- Policy number _____
- Group Number _____
- Attach photocopy of insurance card (front and back)

Military Dependents

- Military dependent covered by TRICARE: _____ Yes _____ No
- If "Yes" please provide sponsor's SSN: _____
- Please check which coverage: _____ Tricare Standard _____ Tricare Prime
- Please attach a photocopy of Tricare Card front and back

Certification and Consent

- I understand that all cadets must carry supplemental health insurance for the entire period of enrollment at NMMI, in order to avert financial hardship due to hospital admissions, emergency department care, subsequent care, or other medical services not available at NMMI. I will notify the infirmary of any changes to insurance coverage as soon as they occur.
- I further understand that my signature, below, grants permission for NMMI and Sports medicine staff to treat my son or daughter for routine medical conditions.
- Parent Signature _____ Date _____