

**STUDENT DEMOGRAPHIC & HEALTH INSURANCE INFORMATION**

**1. Complete Student Demographic Information:**

RU ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

**2. Complete Health Insurance information for either section a. or b.**

**a. COMMERCIAL HEALTH INSURANCE INFORMATION** (For students who have waived the Student Health Insurance):

Insurance Carrier Name \_\_\_\_\_  
 Member/Subscriber ID # \_\_\_\_\_  
 \_\_\_\_\_ Group \_\_\_\_\_

**b. RUTGERS STUDENT HEALTH INSURANCE INFORMATION (UHCSR)** United Healthcare Student Resources

UHCSR Member# \_\_\_\_\_ from [www.uhcsr.com](http://www.uhcsr.com). Group: Rutgers, The State University

3. Circle policy#: 2018-519-2      2018-915-3      2018-202826-1      2018-527-1

**How to read your insurance card:**

MEDICAID PLAN and NJ Family Care Example

UnitedHealthcare Community Plan  
 Health Plan (608840) 811-86047-08  
 Member ID: 999999999  
 Member: IVETTE BROWN  
 Payer ID: 86047  
 PCP Name: QUINTANA, OLGA  
 PCP Phone: (973)483-5174  
 OLGA B QUINTANA, MD  
 Prescription Solutions  
 Rx Bin: 610494  
 Rx Grp: AMNJ  
 Rx PCN: 9999  
 NJ FamilyCare A of New Jersey, Inc.  
 Underwritten by AmeriChoice of New Jersey, Inc.  
 DOI: 0501

Insurance Name  
 Member ID #  
 Group # - May be a number or NJFAMCAR or Medicaid Designation

Other Commercial Insurance Plan

Horizon NJ DIRECT  
 Member Name: J DOE  
 Member ID Number: NJX3HZN12345678  
 GROUP NUMBER: 99999-0160  
 EFFECTIVE DATE: 06/01/2012  
 NJ'S PLAN CODES: 2807/780  
 CONTRACT TYPE: FAMILY/TERRA  
 PRIMARY CARE \$ XX  
 PREVENTIVE CARE \$ XX  
 SPECIALIST \$ XX  
 EMERGENCY ROOM \$ XX  
 PPO

Insurance Carrier  
 MemberID #  
 Group Number