

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

District Administration Center
255 W. Stanley Ave. Ventura, CA 93001
(805) 652-5800

☐ **Moorpark College**☐ **Oxnard College**☐ **Ventura College****VERIFICATION OF PRIVATE INSURANCE**

This form must be completed regardless of whether you do or do not have private medical insurance.

Sport/Program/Activity: _____

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Campus</i>	<i>Sex</i>	<i>Date of Birth</i>
<i>Home Address</i>			<i>Daytime Phone</i>		<i>Home Phone</i>
<i>Student ID #</i>			<i>Social Security #</i>		

☐ **I DO NOT** have Private Health Insurance coverage of my own or through my parent(s) or spouse. (*Sign and date this form below.*)

☐ **I DO** have Private Health Insurance coverage of my own or through my parent(s) or spouse. (*Complete the following and sign and date this form.*)

Insurance coverage is through: ☐ Self ☐ Spouse ☐ Parent

Type of insurance coverage: ☐ Individual (*self purchased*) ☐ Through employer

Name/Address of Policyholder (self/parent/spouse): _____

Social Security # of Policyholder: _____

Employer's Name (if applicable): _____

Type of Insurance Plan:

☐ HMO (Kaiser, Health Net, etc.) ☐ PPO ☐ MediCal ☐ Other _____

Insurance Company Name/Address: _____

Insurance Company Policy and Group #: _____

In the event of an injury, **except in an emergency**, my health insurance plan allows for:

☐ Treatment by my insurance plan only ☐ Treatment by any physician/medical facility

I hereby certify that the above statements are true, complete and correct to the best of my knowledge.

Student Name (Print)

Signature

Date

Ventura County Community College District: Ventura College, Oxnard College, Moorpark College