

**University Honors Program**PO Box 210007  
Cincinnati, Oh 45221-0007700 Swift Hall  
Phone (513) 556-6254  
Fax (513) 556-2890**HEALTH INSURANCE FORM****Medical Insurance**

All students must be covered by UC or other medical insurance.

During the program, I will have health insurance coverage, including major medical coverage, through a policy issued by

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Name of Company

The policy is issued to (check one):  my parents  me

And the policy number is:

If something happens and I need to contact the company or its agent, I may do so by calling the following phone number:

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Area Code

Number:

Participant's Name (printed)

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Date

Participant's Name (signature)

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Date

Parent/Guardian Signature (if under 18)

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Date