

Onondaga Community College-Health Insurance Verification

This form must be completed and submitted with a copy of your health insurance card in order to be eligible for a room assignment

Scan and email to: housingapp@sunyocc.edu
Or mail to: 4585 West Seneca Turnpike, Syracuse, NY 13215

Student Name: (LAST) _____ (FIRST) _____ (MI) _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Phone (HOME) _____ (CELL) _____ (WORK) _____

Insurance Policy Holders Name: (LAST) _____ (FIRST) _____

Policy Holder Relationship to Student: _____

Insurance Name: _____

Policy #/Member #/Subscriber ID#: _____

Effective Date of Coverage: _____

If there is a medical condition/diagnosis that either our Residence Life staff or Campus Safety first responders need to be aware of, please indicate here: _____

If no medical condition or diagnosis exists that we need to be aware of please check here:

In the event that the above named student needs emergency care, hospitalization or surgery while residing in the residence halls, I authorize Onondaga Community College and Onondaga Community College Housing Development Corporation to secure any medical treatment deemed necessary. I understand that such treatment shall be solely at my expense.

Policy Holder's Signature: _____ Date: _____

Student's Signature _____ Date: _____

In case of a serious or life threatening illness or injury, Onondaga Community College will contact 911. Emergency transportation to a local emergency department will be provided by Rural Metro Medical Services. The College will attempt to notify a student's emergency contact.