University of Idaho
Student Health Services

Health Insurance Information Form

Student Legal Name: _____

Vandal ID #: V-_____

Vandal Email: _____@vandals.uidaho.edu

Semester:

☐ Fall 2025 ☐ Other

☐ Spring 2026

For you to be removed from SHIP coverage, your insurance must meet the following requirements:

☐ Your plan does not have any limitations or exclusions on pre-existing conditions.

☐ Your plan covers hospital stays for medical, surgical, and inpatient mental health conditions.

☐ Your plan covers doctors' visits for medical and outpatient mental health conditions.

☐ Your plan covers prescriptions, or you have a third-party vendor (CVS Caremark, etc).

☐ Your plan has access to provider network within the Moscow/Pullman area or area of study. Coverage must be available for routine, diagnostic, urgent and hospital care.(Coverage ONLY telehealth, urgent and emergency is NOT acceptable).

☐ Your plan covers diagnostic services, including laboratory services.

☐ Your plan does not impose any limitations of exclusions on payments for covered services.

☐ Your plan is effective on or before the first day of the semester with no break in coverage.

NOTE: Travel plans, County Medical Service plans (Medicaid) outside the state of Idaho or Washington, Fixed Indemnity Plans, Short-term plans, and Supplemental/Reimbursement plans are NOT accepted as comparable coverage.

This form must be returned to studentinsurance@uidaho.edu from the student's vandal email address OR delivered *in person* to 831 Ash St Room 101, Moscow Idaho 83844

Student Signature: _____ Date:_____

Insurance Information:

Company Name:_____

Company Phone Number:_____

Card ID #:_____

Group #:_____

Policy Holder Information-*The person who holds the account (parent or spouse if student is a dependent):*

Full Name:_____

Date of Birth:_____

Employer:_____

Relationship to Student:_____

Forms submitted AFTER the first day of classes for the semester are eligible for 100% refund AND $100 late fee. Refunds not eligible for students who submit a form AFTER the policy year has ended.