

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT**

District Administration Center  
333 Skyway Drive, Camarillo, CA 93010  
(805) 384-8300

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: \_\_\_\_\_

LAST NAME	First	Middle	CAMPUS	SEX	DATE OF BIRTH
HOME ADDRESS			DAYTIME PHONE		HOME PHONE
SOCIAL SECURITY NUMBER			Student ID		

**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/spouse/parent) \_\_\_\_\_

Social Security No. of Policyholder \_\_\_\_\_

Employer's name (if applicable) \_\_\_\_\_

Type of Insurance Plan:  
 HMO (Kaiser, Health Net, Etc.)  PPO  Medi-Cal  Other \_\_\_\_\_

Insurance Company Name/Address: \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Insurance Company Policy and Group No. \_\_\_\_\_

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