



Grand Valley State University Athletic Department

Dental Insurance Information Form

84 Fieldhouse, Allendale, MI 49401
Phone: 616-331-3329 Fax: 616-331-3232

08-09

Section 1: Student Athlete Information

First Name _____ Middle Initial _____ Last Name _____

Address while at school _____ Phone _____

Social Security # _____ Date of Birth _____

Sport _____

Section 2: Policy Holder Information

First Name _____ Middle Initial _____ Last Name _____

Address _____ Phone _____

Social Security # _____ Date of Birth _____

Sport _____

This policy holder is the student's

Parent/Guardian _____ Self _____
Spouse _____ Other _____

Employer Address _____ Work Phone _____

Section 3: Dental Policy Information

Insurance Company _____

Address _____ Phone _____

Contract Number _____ Group Number _____

Policy Number _____ Plan Number _____

Policy Type
HMO Traditional
PPO Other _____
PPOM
Effective Date _____

Attach copy of the front of dental insurance card here.

Attach copy of the back of dental insurance card here.