

Health insurance enrollment/waiver form

Cushing Academy Admissions Office tel: (978) 827-7300
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 Ashburnham, MA 01430-8000 USA admissions@cushing.org

SECTION I - Student information

Student's Name: _____ Gender: Male Female
FIRST MIDDLE LAST

Policy Holder's Social Security Number: _____ Date of Birth: _____
MONTH/ DAY/ YEAR

Student Status: Boarding Day

Address: _____
STREET

CITY STATE ZIP CODE COUNTRY

SECTION II - Student insurance election form

Other Private Insurance *(Please complete Section III below)*

NAHGA \$600.00

Method of Payment: Check Please make check payable to Cushing Academy

SECTION III - Private insurance information

Please Provide a Copy of the Front and Back of Your Insurance Card

Policy Holder's Name: _____

Policy Holder's Social Security Number: _____ Date of Birth: _____
MONTH/ DAY/ YEAR

Relationship to Student: _____ Referral needed: Yes No

Insurance Company: _____ Phone: _____

Policy/Group Number: _____

Primary Care Physician (PCP): _____ Phone: _____
NAME

PCP Address: _____
STREET

CITY STATE ZIP CODE COUNTRY

I understand I am legally responsible for any medical expenses incurred for my son/daughter while enrolled at Cushing Academy.

Parent/Guardian Signature: _____ Date: _____