



**Alaska Public Entity Insurance**

2233 Jordan Ave. • Juneau, AK 99801

(907) 523.9400

**Student Medical Payments**

Student Medical Payment Coverage is a plan of insurance that is secondary to any health insurance you have. If you have insurance, submit your claim to your other insurer. When you receive their Benefit Statement, send it to us along with your itemized bills, with diagnosis, and this completed form. If you have already paid the bill, include a paid receipt or copy of your cancelled check.

To be completed by student's parent or legal guardian:

Students Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent or legal Guardian: \_\_\_\_\_

Address of Parent or legal Guardian: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Is the student covered under any other medical or dental policy? Y / N

Is the student covered under a government sponsored insurance such as Medicare / Medicaid? Y / N

Name of all companies providing student insurance coverage or prepaid health plans:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Does the student have medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree? Y / N

If yes, please give the name, address, and phone number of the responsible party: \_\_\_\_\_

Affidavit: I verify that the above statement on other insurance is accurate and complete.

Signature:

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date: