

KUMC Student Health and Insurance Requirements

Student Health Services: At KUMC Student Health, we are committed to providing high quality, primary health care services to students, spouses, domestic partners, and children in a professional, considerate, and respectful manner. In an effort to keep our enrollment running as smoothly as possible, please submit these required documents not later than two weeks prior to your enrollment:

1. **On-line Immunization Form**
2. **Health History and Physical Exam Form** (PDF). The physical exam must be completed within 6 months prior to enrollment.

Your student health information must be submitted online through KUMC's portal, myKUMC. To submit your health information, log into myKUMC by entering your KUMC username and password (supplied to you earlier) in the bottom lefthand corner of KUMC's homepage, <http://www.kumc.edu>.

If you need assistance, please contact the following:

- 913.588.7995** – Difficulties accessing myKUMC, call the KUMC's Customer Support
- 913.588.1941** - Questions regarding Student Health requirements
- 913.588.1941** - For difficulties completing the on-line form

Please fax or mail immunization documentation, health history / physical assessment forms to:

KUMC Student Health Services
1012 Student Center Building
3901 Rainbow Boulevard
Kansas City, Kansas 66160-7370
Fax 913-588-1943

If you are interested in receiving a physical examination at Student Health prior to your enrollment, please call the clinic at (913) 588-1941. If you need to have immunizations prior to enrollment, we offer a walk in clinic between 11am and 1pm Monday, Wednesday and Friday.

Health Insurance: The University requires all students taking courses at KUMC to maintain health insurance throughout their enrollment. You may choose any health insurance plan. For students who are in need of health insurance and are unable to locate a policy on their own, KUMC has insurance plans available for enrolled students. Student health insurance is handled in a different office than the Student Health Center. For more information on insurance options, or any other question you may have regarding health insurance, please contact Student Health Insurance Verification Office at 913.588.4695.

The following proof of insurance is required. If your insurance changes, please be sure to bring in a copy of your new insurance card.

1. **Proof of current health insurance** (e.g., photocopy of your insurance card or letter from the health insurance company)
2. **Signed "Acknowledgement of the Student Health Insurance Policy" form**
(See page 2)

You can mail these items to:

Student Health Insurance Verification Office
G116 Student Center Building -KUMC
3901 Rainbow Boulevard
Kansas City, Kansas 66160-7370



ACKNOWLEDGEMENT OF STUDENT HEALTH INSURANCE POLICY

I have been informed of and understand the following requirements:

1. That all students at the University of Kansas Medical Center are required to have health insurance while enrolled.
2. That I am required to provide proof of insurance (e.g., front & back copy of insurance card) before or at orientation.
3. That if my insurance changes at any time during my enrollment, I am required to provide the Student Health Insurance Verification Office proof of insurance at the time of such change.
4. That if it is determined that I allowed my health insurance to lapse during any point of my enrollment at KUMC, I will be subject to a HOLD placed on my academic records and may be subject to disenrollment.
5. That KUMC may contact my insurance company to verify that my policy is current at anytime during my enrollment, and has my permission to do so.
6. That there are insurance plans available to KUMC students if I need assistance finding a plan. However, I am not required to enroll in these plans. I know that I am responsible for researching and selecting a health insurance plan that best meets my needs.
7. That if I have any questions regarding the requirements stated on this acknowledgement, I should direct them to the Student Health Insurance Verification Office – shinsurance@kumc.edu, (913) 588-4695.

STUDENT NAME (PLEASE PRINT)

STUDENT ID NUMBER

STUDENT SIGNATURE

_____/_____/_____
DATE

ACADEMIC SCHOOL

_____/_____/_____
STARTING DATE AT KUMC

_____/_____/_____
GRADUATION DATE

**Please return this form to the following address:
Student Health Insurance Verification Office
G116 Student Center
KUMC
3901 Rainbow Blvd
Kansas City, KS 66160**