

Indiana University Students

Name (please print): _____

Local Address: _____

City, State, Zip _____

Phone #: _____ Date of Birth: _____

University ID Number: _____

Do you have **Aetna Student Health Insurance** through IU or a **Blue Cross Blue Shield** plan? If so, complete the following:

Subscriber name (if different from above): _____

Subscriber's date of birth: _____

Insurance ID#: _____

If I do not provide insurance information, I understand my Bursar account will be billed for the flu shot.

Signature: _____ Date: _____