

FIRELANDS REGIONAL MEDICAL CENTER SCHOOL OF NURSING
Sandusky, Ohio
HOSPITALIZATION INSURANCE INFORMATION
2012-2013

NAME OF STUDENT June Baker Date 8-22-12

It is required that all students be covered by hospitalization insurance. This form will update our records concerning the plan under which this student is covered.

Is the student now covered by a hospitalization insurance plan?

X YES (Please provide the following information:)

NAME OF INSURANCE COMPANY: Golden Rule

ADDRESS OF INSURANCE COMPANY: Lawrenceville, IL 60243⁹-2395

Name of Contract Holder & Relationship June Baker - self

Social Security Number of Contract Holder 288-84-0959

Policy Number 057 524 879 Group Number 705214

Group/Employer Name Individual

How long will the student be covered on this policy? 8-11-13

FIRELANDS REGIONAL MEDICAL CTR SCHOOL OF NURSING
Sandusky, Ohio
CURRENT INFORMATION FROM STUDENT

NAME June Baker DATE 8-22-12

The following information is requested to keep our files up-to-date. Please return this form.

1. My city of residence is Norwalk.
My county of residence is Huron.

2. Name, address, zip code, and telephone number of parents, spouse, legal guardian, or person to be notified in case of emergency. If parents are separated, give name and address of each parent.

97 Milan Ave
Norwalk, OH 44857

3. Name of hometown newspaper or paper to which your family subscribes: Example: Sandusky Register

Norwalk Reflector
314 W Market St
Sandusky OH 44870

4. I authorize the school of nursing to release my name to newspapers for the purpose of honor roll, scholarships, and other honors.

5. I authorize FRMCSN to use pictures of me for promotional and recruitment purposes.

6. I give permission to have my photograph displayed with the members of my class at the Firelands Regional Medical Center School of Nursing.

June Baker
Signature of Student

Signature of Parent,
if student is a minor.