

# Cate Proof of Insurance

## Proof of Health Insurance

All students are required to have proof of valid health insurance on file in the Health Center. A copy of the student's current health insurance card (front and back) must be uploaded to the student's health record on Magnus Health. The policy holder's name and date of birth are also required, as well as the expiration date.

If a student is covered by an HMO or a state issued insurance (i.e. Medi-Cal), the parent must contact their health insurance provider and change the primary care provider to a provider in the Santa Barbara area; please note such changes on the health insurance form. If a parent is unable to change their primary care provider, they will need to arrange for a policy for this area. Parents can contact Kim Pettit in the business office at 805-684-4127, ext. 208, to inquire about the possibility of acquiring a health insurance policy that can be used locally.

International students must have a health insurance policy that is valid for use in the United States. Policies will not be accepted if written in a language other than English. The ISM health plan has been discontinued as another partnering insurance agency (GeoBlue) has taken its place. In order to enroll your student in this new insurance plan, please visit this link: <https://ogse.geobluestudents.com/ISMNBOA/>

**Steps to enroll:** Please go to the website above. On the first page, choose which coverage you would like (bronze, silver, or gold) and then select "enroll now." Afterwards, you will need to agree to the terms. On the next page, select "new" followed by "continue." Finally, you will fill out the pertinent information and enter in your credit card information for the purchase.

## Cate Proof of Insurance

**Step 1:**

**Place front of your insurance card facing up in this space and then photocopy**

**Step 2:**

**Place back of your insurance card facing up in this space and then photocopy**

Please ensure these scanned items are clear and legible or we cannot accept the form

**Employer:**

Name of Policy Holder:	Renewal Date:
Date of Birth of Policy Holder:	Expiration Date:

**Scan to Magnus only after the front and back of your card are photocopied on this page**