

**INFORMATION REQUEST**  
**For**  
**STUDENT INSURANCE DOWNLOAD**

To facilitate timely processing of your roster information, we are requesting that the roster be provided in an electronic file. This file (Zipped if necessary) can be provided as an attachment to an e-mail message (*An e-mail attachment is preferred.*). We would ideally like to have an *Excel* file with the following required fields (not necessarily in this order):

SS# (*Domestic Students)	(9 numbers no alpha)
Student ID (International Students)	
First Name	(limited to 20 characters, no symbols)
Last Name	(limited to 20 characters, no symbols)
Middle Initial	(one initial only)
Date of Birth	(MM/DD/YYYY)
Gender	Optional (F or M)
Grade	(limited to: IU, IG, DU, DG) international undergraduate (IU) international graduate (IG) domestic undergraduate (DU) domestic graduate (DG)
Address	(limited to two lines)
City	
State	
Zip Code	
Amount of premium paid.	\$

**\*The Affordable Care Act requires that all U.S. citizens furnish evidence of health insurance coverage with their federal income tax filing, beginning with the 2014 tax year. We are required to issue a Notice to all insured's confirming such coverage. The Notice must include the Insured's Name, Social Security Number, Date of Birth, and Address.**

Student Assurance Services, Inc. will use the information provided solely for the purpose described. The information will be treated confidentially and will not be provided or sold to other organizations or companies.