



Student Health Insurance

Last Name: _____

First Name: _____

Insurance ID: _____

(Located on your Insurance ID card)

Eligibility Verification Questionnaire

Thank you for selecting the ISO Health Insurance Plan. SISCO Benefits is the claim administrator of your plan. Please answer the following questions to have your claim processed:

1. Do you have any other insurance or medical plan? Yes No

If yes, please provide the insurance ID card of your other insurance plan.

2. Did you attend classes during the first thirty (30) days of enrollment and maintained your full-time student status during your enrollment period? Yes No

If yes, please provide a copy of your student transcript and/or a letter from your school.

If you have questions, please contact a member of our customer service team.

Please send response to:

SISCO Benefits | PO Box 3190 | Dubuque IA 52004-3190

Email: ISOservice@siscobenefits.com

Phone: (833) 577-2586 or Fax: (563) 557-3398