



A Request for Student Health Insurance Coverage

Student health insurance is only available to full-time students and those part-time students who are completing their last semester of a degree program and do not need a full-time credit load to meet their degree requirements.

Use this form if:

1. You are a full-time student and were not automatically billed for coverage;
2. You filed a waiver based on insurance that no longer covers you; or,
3. You are a part-time student, completing your last semester of studies.

For further information and plan details, please see our web site at http://studentaffairs.shu.edu/health/student_health_insurance.htm

Please print all information legibly:

First Name _____ Last Name _____

Student ID number (for most students, this is the Social Security Number) _____

Address _____

City _____ State _____ Zip _____

Address type: Permanent Local Billing (if different than Permanent)

Check here if this is a new address; we will update your records

Level (choose one only): Undergraduate Graduate Law

Major or concentration: _____

I am applying for coverage to begin in the following academic term:

Fall 20____ Spring 20____

and understand that the full premium for that term must be paid; no pro-ration of the premium is possible.

I understand that I will be charged for and am responsible for payment of the insurance premium required for coverage. I authorize any credits from financial aid (grants, loans, scholarships) to be used to cover this charge.

Signature _____ Date _____

For office use only (initial and date each as completed)

Degree audit checked (UG only) _____ Charge added to account _____

Address updated (if applicable) _____

Return this form to Enrollment Services on the Main Campus 6/2003
or the Bursar's Office at the Law School with the full amount of premium required.
Student with a credit on their accounts that meets or exceeds this premium must indicate their desire to utilize that account credit as payment.