Office of Student Health and Counseling Services
health@sva.edu

Student Insurance Enrollment Form

All students enrolled in a degree of certificate program at the School of Visual Arts are required to have health insurance. SVA sponsors an insurance plan to help students fulfill this requirement. Information about the plan can be viewed by going to www.sva.edu/uhp

Students who waived the Health Insurance Fee and have had a change in coverage status may enroll in the SVA-sponsored insurance by completing this form. To receive complete coverage, students must enroll by the following dates: **October 4th, 2012** for the fall semester or **February 6, 2013** for the spring semester.

For students enrolling in this plan after these dates, the effective coverage date begins on the day the form is received. However, please allow 4-5 business days for the coverage to become active within the United Healthcare system. The Health Insurance fee is $810 and will not be prorated for cases of late enrollment. These students will still be required to pay the semester's fee in full.

This form must be completed and signed by the student. If a student is under eighteen, a parent or guardian's signature will be accepted in place of the student's signature. We recommend that you keep a copy of this form for your records.

Yes, I want the SVA-sponsored insurance.

Student's Name: _____
(Please print) (Last) (First) (Initial)

Date of birth: _____ SVA Student ID #: _____ Gender: _____

Address: _____
(Street) (City) (State) (Zip Code)

SVA Email: _____ Phone No.:_____

I have read and understood the above. I would like to be enrolled in the SVA-sponsored insurance and I understand that I will be billed at the current rate. The charge will be listed on my bill from Student Accounts as 'Health Insurance Fee.'

Student's Signature: _____ Date: _____

Please Note: *Emails will be sent confirming receipt of form, include insurance information, and activation date. Please allow several business days for processing.*

Staff Confirmation

RECEIVED

For this enrollment form to be valid, this section must be completed by a Student Health and Counseling Services staff member.

Staff Signature: _____
Effective For: _____