



Student Insurance Re-Enrollment Form 2016-2017

Information about the plan can be viewed at www.sva.edu/uhp

Students who waived the Health Insurance Fee and have had a change in coverage status may **re-enroll** in the SVA-sponsored insurance by completing this form. To receive complete coverage, students must enroll by the following dates: **October 6th, 2016** for the Fall semester or **February 9th, 2017** 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. Please allow 4-5 business days for the coverage to become active within the Cigna PPO system. An email will be sent to confirm coverage. The annual Health Insurance Fee is **\$970 per semester**; students that want to re-enroll for Spring 2017 only -the fee is \$1,228.

The insurance fee will not be prorated for cases of late enrollment (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. Email the completed form to health@sva.edu or fax to 212.592.2216.

Yes, I want to re-enroll in the SVA-sponsored insurance.

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

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

Address: _____

(Street) (City) (State) (Zip Code)

SVA Email: _____ Phone No.: _____

Semester(s) you are completing this form for: _____

I have read and understood the above. I would like to be re-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 and include insurance information. Please allow 4-5 business days for processing. Contact health@sva.edu with any questions.

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

DATE: _____

Staff Signature: _____ Effective For: _____