



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 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 website at:

<http://www.shu.edu/offices/health-services/index.cfm>

Please print all information legibly:

First Name _____ Last Name _____

Student ID number _____ Date of Birth _____ Male / Female

Address _____

City _____ State _____ Zip Code _____

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 I understand that the full premium for that term must be paid; no pro-ration of the premium is possible. **A new form is required for each subsequent semester of coverage requested.**

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 update (if applicable) _____

Return this form to the Office of Student Services, Room 232 in the University Center on the Main Campus or the Bursar's Office at the Law School. Once the insurance is added to your account, the full amount of premium is required, paid to the Bursar. Students with a credit on their accounts that meets or exceeds this premium must indicate their desire to utilize that account credit as payment.