

St. Vladimir's Orthodox Theological Seminary
575 Scarsdale Road
Yonkers, NY 10707

PROOF OF HEALTH INSURANCE

I, _____, am enrolled in the following insurance plan for Fall / Spring semester (circle one) of the current academic year:

Insurance Co.: _____

Address: _____

Phone No.: _____

Policy No.: _____

Dates of Coverage: _____

Whom should St. Vladimir's Seminary notify in case of emergency?

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Signature Date

Please attach a copy of your insurance card, application form, bill, or other proof of enrollment. This form and proof of enrollment must be submitted to the Student Affairs Administrator by the first Friday of the semester. *Students who do not submit all required forms and supporting documentation by the deadline—incomplete or inaccurate forms will not be accepted—will have their registration suspended and will not be permitted to attend classes.* Students who submit forms after the deadline will be charged a late registration fee of \$50. *If all medical forms are not on file with the Student Affairs Administrator within thirty (30) days after classes begin, those students will be **administratively withdrawn from the seminary.***

Thank you.