



PROOF OF HEALTH INSURANCE

I, _____ (#ID _____),
am enrolled in the following insurance plan for the **fall semester** of the 2023-24 academic year:

Insurance Co.: _____

Address: _____

Phone No.: _____

Policy No.: _____

Dates of Coverage: from _____ to _____

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

Name: _____

Address: _____

Daytime Phone: _____; Evening Phone: _____

I AM ATTACHING one of the following:

- A copy of my insurance card, or
- Insurance application form, bill for insurance or other proof of enrollment

This form and a proof of enrollment must be returned to Gabrielle Russin, *Registrar & Student Affairs Administrator* (grussin@svots.edu, Rangos 116, x348), by Friday, September 1, 2023. **If you do not submit this form by the deadline, you will not be permitted to attend classes, will have your registration suspended, and will be charged a \$50 late registration fee.** If this and the immunization form are not on file with the Student Affairs Administrator within thirty (30) days after classes begin, you will be administratively withdrawn from the seminary. Health insurance is a requirement for all students in the State of New York.

Student Signature

Date