



ST VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY

575 Scarsdale Rd. • Yonkers, New York 10707 • TEL 914.961.8313 • FAX 914.961.4507 • www.svots.edu

Proof of Health Insurance

I, _____ (**print full name**), am enrolled in the following insurance plan for the **2024-2025** 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 one of the above proofs of enrollment must be returned to registrar@svots.edu or to Abby Legaspi, *Student Affairs Administrator* (Rangos 116, x348), by the first Friday of the semester. **If you do not submit this form or alternatively show progress towards gaining insurance coverage 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file with the Student Affairs Administrator within thirty (30) days after classes begin, you will be administratively withdrawn from the seminary.

Student Signature

Date