



ST VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY

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

Health Insurance and Emergency Contact Information

Student Name: _____ Academic Year: _____

Health Insurance Information

Insurance Company Name: _____

Name of subscriber: _____

Policy Number: _____ Date coverage began: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

Emergency Contact Information

Name(s): _____

Relation(s) to student: _____

Address(es): _____

Phone number(s): _____

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 submitted to registrar@svots.edu 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 be charged a late registration fee of \$50.**

Student Signature

Date