



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, _____, am enrolled in the following insurance plan for the Fall Spring semester (select one/both) of the current 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
- Insurance application form, bill for insurance, or other proof of enrollment

This form and a proof of enrollment must be returned to Gabrielle Russin, *Student Affairs Administrator* (Rangos 116, x348), by Friday, August 28, 2020.

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file with the Student Affairs Administrator within thirty (30) days after classes begin, you will be administratively withdrawn from the seminary.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.

Seminararian Signature

Date

Please return this form to Gabrielle Russin, *Student Affairs Administrator*, by Friday, August 28, 2020.