

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 fail to submit the form and proof of enrollment by the deadline will be charged the late registration fee of \$50 and may be barred from attending classes.**

Thank you.