

St. Vladimir's Orthodox Theological Seminary
575 Scarsdale Road
Yonkers, NY 10707

PROOF OF HEALTH INSURANCE

Please attach a copy of your insurance card, application form, invoice, or other proof of enrollment. This form and proof of enrollment must be submitted to Nina Matusiak, Student Affairs Administrator, by August 15 of the current academic year. *Students who do not submit the form and proof of enrollment by the deadline will be charged a late registration fee of \$50 and may be barred from attending classes.*

Thank you.

I, _____, am enrolled in the following insurance plan for academic year 20____ – ____ (indicate 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