

LSU HEALTH SCIENCES CENTER
STUDENT ACCIDENT AND SICKNESS PLAN

TERM---2021/2022

As part of the acceptance criteria to LSUHSC, I agreed to purchase and maintain adequate health insurance for the duration of my enrollment. I understand that LSUHSC endorses a Blanket Accident and Sickness Plan for LSUHSC students. I also understand that IT IS MY RESPONSIBILITY (and for my protection), to either purchase the LSUHSC plan or to provide proof of alternate insurance.

I am fully aware the Louisiana State University Health Sciences Center is not responsible for interpretation or review of the policy information presented, or any expenses resulting therefrom. I agree to be responsible for advising my department of LSUHSC (in writing) of any lapses or cancellations of this policy during any semester for which I am enrolled.

NAME: _____

EMPLID #: _____

SIGN EITHER SECTION I OR II – NOT BOTH

SECTION I – AUTHORIZATION TO PURCHASE LSUHSC HEALTH INSURANCE

I hereby authorize LSUHSC Bursar Operations to assess the appropriate health insurance premium for the **2021/2022 Academic Year**. I agree to pay the semi-annual premium by the first day of class per the university catalog. I understand that the premium will be added to my Student Fee Bill in the Fall Semester for coverage July 1st to December 31st & added again in the Spring Semester for coverage January 1st - June 30th. (For incoming Summer students, the insurance premium is prorated as coverage is only May 1st – June 30th for the remain academic year).

Signature

Date

SECTION II – STUDENT INSURANCE WAIVER

I am insured through my employer, spouse's employer or parent for the entire **2021/2022 Academic Year**. In addition to listing the name and phone number on my insurance company below, I HAVE APPENDED A COPY OF BOTH SIDES OF MY INSURANCE I.D. CARD.

I understand that if the required copy of my insurance I.D. card is not appended to this form, LSUHSC has the full authorization to assess the semester health insurance premium during registration.

Insurance Name: _____ Phone #: _____

Signature

Date