



Health Insurance Information

Please complete and return to:
Risk Management Department
P.O. Box 370, Collegedale, TN 37315
Phone 423-236-2566 or Fax 423-236-1266

Student Name: _____ SAU I.D. # _____

Do you have health insurance? No Yes

If yes, please attach a front and back copy of your insurance card

Insurance Company: _____ Name of Insured: _____

Group Number: _____ ID Number: _____

If you have no insurance or if neither box is checked, you will be charged and enrolled in the Student Insurance Program.

SAU does not verify the existence or scope of the coverage claimed above. Plan verification is the responsibility of the student, parent or legal guardian. **The University Health Center does not bill private insurance.** For services rendered, a walk-out statement can be requested by the student to submit to their insurance company.

The Student Insurance Plan provides sickness and accident protection for the student in coordination with the University Health Center. University policy requires students to be protected by Accident and Sickness insurance. This can be done by enrolling in the Student Insurance Plan or providing proof of adequate insurance coverage. If proof of insurance is not on file, you will be enrolled in the Student Insurance Plan and the premium will be charged to the student account.

If you have any questions about the Student Insurance Policy or to inquire about current premium rates, please contact the Risk Management Department, (423)236-2566.

Student Signature

Age

Date

Signature of Parent/Guardian, if student under age 18

Print Name of Parent/Guardian

Date

THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO REGISTRATION.