

HEALTH INSURANCE CERTIFICATION

I, _____ (*please print*), certify that I am and will be covered throughout this academic year by a health insurance policy that provides insurance for hospitalization.

The name of the insurer with whom I have this health insurance is (*check one*):

- Board of Pensions (*PCUSA*)
- American College Student Association
- Other: _____
Name of Company

Policy Number

Group Number

Signature

Date

**WE WILL NEED A COPY OF YOUR CARD ON FILE, SO PLEASE BRING YOUR
CURRENT VALID INSURANCE CARD WITH YOU TO THE OFFICE OF STUDENT
SERVCES WHEN YOU TURN IN THIS FORM. THANK YOU.**