

INSURANCE VERIFICATION FORM

PLEASE MAIL OR FAX THIS FORM TO THE STUDENT HEALTH CENTER

NO LATER THAN: August 12th, 2016

SNU: Student Health Center

6729 NW 39th EXPY

Bethany, OK 73008

Fax: (405) 491-6683

Email: Studenthealth@snu.edu

COMPLETE THIS FORM AND RETURN IT TO THE STUDENT HEALTH CENTER IF YOU
ARE SIGNING UP FOR HEALTH INSURANCE

_____ Yes, please enroll me in this health insurance plan that is AcademicBlue costing \$2,000.00. This cost will be added to my fall school bill. Coverage dates are from August 15, 2016 to August 14, 2017. I can view the entire brochure and plan details at snu.myahpcare.com

If you have any questions, please call Carol Braaten or Angie Milburn, RN at (405) 491-6605, at the Student Health Center, or Academic HealthPlans at (855) 343-8387.
Email: Studenthealth@snu.edu or cbraaten@mail.snu.edu

I, (students PRINTED name) _____ Would like to enroll in the SNU student health insurance. Date _____

Student SNU ID# _____

Birthdate _____

Address _____

Email _____

Signature _____

Parent or guardian signature (only needed **IF student is under 18**)
