



HEALTH INSURANCE PROOF OF COVERAGE

This form is required for all new Master of Arts Students. Please complete all fields.

Minimum requirements:

- Deductible Maximum: \$2,500 *.
- Co-Pay: No higher than 30% co-pay with insurance covering 70%.
- Coverage must be maintained throughout MABS Program enrollment.

***If you are eligible to be covered under a parent/guardian's insurance plan and the deductible exceeds \$2,500, attach a copy of the insurance coverage to this form along with a signed statement by the parent/guardian that he/she will guarantee the costs of care up to the deductible amount.**

I certify I have the minimum health insurance coverage as listed above. I understand I am required to maintain coverage during my enrollment in the program and must contact the MABS Program Office if my insurance carrier changes at any time. I acknowledge that I cannot allow my insurance to lapse and I understand that if I do not have insurance compliant with policy, I will be suspended for a minimum of 30 days or until such time as I comply with the policy fully. Such suspension will prevent me from participation in academic or clinical experiences and rotations, may result in failure of the course, academic probation, and appearance before the Student Promotion Board and possible dismissal.

Student Signature

Name

Date

Check One:

_____ Attached find copy of Health Insurance Card.

OR

_____ I will provide a copy of Health Insurance Card on or before July 16, 2020 or some other type of proof showing my insurance will be effective on or before July 16, 2020.

Initial:

_____ I understand that failure to turn in my proof of health insurance by the deadline of July 16, 2020 may result in the rescinding of my seat.

Return to:

Master of Arts, Biomedical Sciences Program Office

1691 Innovation Dr

Suite 1100

Blacksburg, VA 24060