INSURANCE FOR PRINCIPIA COLLEGE STUDENTS

Continuing Student Name (please print):

_____________________________________________

Student Signature:

___________________________________________________

Date: _____________

Parent Signature (if student is under the age of 18):

_________________________________________ Date: _____________

☐ If covered through PrinCarePlus (Principia’s employee insurance plan), please check this box.

(No copies of insurance are needed if employed through Principia, just this signed form.)

By August 31, send a copy of this form to:

E-MAIL: tina.hussey@principia.edu FAX: 618.374.5500

QUESTIONS ABOUT COVERAGE? CONTACT: David Pate at 618.374.5474 or david.pate@principia.edu

Questions about RETURNING THIS FORM? Contact: Tina Hussey 618.374.5565