

**LSUHSC – OPTIONAL FEE CHECK LIST
ACADEMIC YEAR 2009/2010**

NAME: _____
SCHOOL: _____
SSN or EMLPID: _____

Listed below are optional fees that students must elect on an individual basis. Please select all fees that apply.

Student Health Insurance

Health insurance coverage is an LSUSHC requirement. All students must attach the Student Accident and Sickness Plan form. The Needle Stick fee is an insurance policy that covers tests and treatment required if a student is stuck by a needle or splattered with blood.

____ Health Insurance \$50,000. Plan(I will purchase LSUHSC Health Insurance - \$862 Semi-annual premium includes needle stick and repatriation fee)

____ Health Insurance \$250,000. Plan – (I will purchase the optional LSUHSC Supplemental Health insurance plan - annual premium of \$2510.00. Premiums will be prorated \$1255 for fall and spring and \$747 for the summer. I understand the appropriate premium will be deducted in the semester that I elect the coverage)

____ Needle Stick Fee (I have personal health insurance, but I understand that I am required to purchase the Needle Stick/splatter fee - \$12 Semi-annual premium)

Student Parking

____ Parking Gate Card (First time enrollees - \$25 refundable deposit)

____ Lot Parking (Continuing and first time enrollees – \$75 annually;\$50 Spring; \$25 Summer)

____ Residence Hall Parking Fee (Continuing and first time Reserved Residence Hall Parking - \$105 annually; \$65 Spring; \$35 Summer)

SIGNATURE: _____

DATE: _____

FEES ARE SUBJECT TO CHANGE

**Return this form to:
LSUHSC Business Office
533 Bolivar St., Room 265
New Orleans, LA 70112**