

LSU HEALTH SCIENCES CENTER
SUPPLEMENTAL STUDENT ACCIDENT AND SICKNESS PLAN
ACADEMIC YEAR 2009/2010

As part of the acceptance criteria to LSUHSC, I agreed to purchase and maintain adequate health insurance for the duration of my enrollment. I understand that LSUHSC endorses a Blanket Accident and Sickness Plan underwritten by United Healthcare for LSUHSC students. I have purchased the United Healthcare plan and wish to purchase the optional supplemental medical plan. This supplemental plan increases the maximum policy benefit for combined Network and non-Network benefits from \$50,000 to \$250,000 per plan year.

I am fully aware the Louisiana State University Health Sciences Center is not responsible for interpretation or review of the policy information presented, or any expenses resulting therefrom. I agree to be responsible for advising my department of LSUHSC (in writing) of any lapses or cancellations of this policy during any semester for which I am enrolled.

AUTHORIZATION TO PURCHASE LSUHSC HEALTH INSURANCE

I hereby authorize the LSUHSC Business Office to assess the optional supplemental health insurance premium for the **2009/2010 Academic year**. I understand that the entire premium will be deducted in the semester that I elect the coverage.

Print Name

Signature

SSN or EMPLID

Date

School

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

Ms. Rae Lynne Osborne – rosbor@lsuhsc.edu
Ms. Evan Morales – emoral@lsuhsc.edu