



It is required that all students attending Clarkson University have Health Insurance Coverage. Coverage may be through your own policy or you can elect to enroll through the Student Accident and Sickness Insurance Plan offered by Clarkson University.

In order to ensure you are covered the following must be completed. Completion of this form is required only once and will be kept on file. **Any changes to the information must be reported to the EGOM Office.**

---

---

**Student Information**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Business E-mail \_\_\_\_\_

---

---

*Please Choose One of the Following Options:*

I am covered by \_\_\_\_\_

I am not covered through my company and will need coverage through Clarkson's Insurance Plan while enrolled at Clarkson.

Information regarding the current insurance plan can be obtained by contacting Student Administrative Service at 315-268-6451.

---

---

**Authorization**

By signing below I am certifying that the above information is correct. This authorization remains in effect while I am enrolled at Clarkson University. I understand that I may terminate this authorization at any time by notifying the EGOM Office in writing.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date