



STUDENT HEALTH FORMS

Suffield Academy Health Center 185 North Main Street Suffield, Connecticut 06078

Phone: 860-386-4503 | Fax: 860-386-4544 | healthcenter@suffieldacademy.org

STUDENT NAME

FIRST NAME

LAST NAME

DOB

HEALTH INSURANCE ENROLLMENT FORM

Suffield Academy requires that all enrolled students have insurance to cover emergency and other medical services that may be needed while they are at school. Suffield Academy offers an insurance package through the Student Resources Division of the UnitedHealth Group Company. This coverage is used by many independent schools, as well as colleges and universities. This Suffield Academy Insurance Plan is designed for international students who do not have existing coverage.

The student insurance is strongly recommended for all international students. International students are advised that US health care providers will not submit bills to travel insurance, long term stay abroad policies, policies not written in English, and any other policies without a United States mailing address. Any services provided to students with such policies will be considered self-pay and bills will be paid directly from the student's debit account. Parents will receive receipts/documentation so that they may submit to their insurer for possible reimbursement in these cases. Purchasing the school insurance will alleviate these situations.

ENROLLMENT

If you do not have existing medical insurance for your child, you must enroll in one of Suffield Academy's Insurance Plans. Your child will receive an identification card and full description of benefits if you enroll in the program for the 2020-2021 school year. Our Health Center coordinates the interaction between health care providers and the insurance company. Please enroll the student noted below in the medical insurance program offered through Suffield Academy.

The premium cost for Plan B is \$2,260 and it covers the 10- month period from August 15, 2020 through June 14, 2021. The premium cost for Plan C is \$2,490 and it covers the 12-month period from August 15, 2020 through August 14, 2021. If you have any questions, you may call Paula Della Bernarda, Financial Analyst, at 860-386-4455 or email Paula at pdellabernarda@suffieldacademy.org

Please check box B or C on the Enrollment form, sign the form and upload to the MagnusHealth portal. Please send payment in US Dollars for the premium cost of the Suffield Academy Insurance Plan to: Suffield Academy, Attn: Paula Della Bernarda, 185 North Main Street, Suffield, Connecticut 06078.

CHOOSE ONE [I understand that the coverage will begin August 15, 2020]

☐ **PLAN B: Premium cost is \$2260 (for coverage August 15, 2020 through June 14, 2021)**

☐ **PLAN C: Premium cost is \$2490 (for coverage August 15, 2020 through August 14, 2021)**

Parent or Guardian Name [please print]

Parent Signature

Date