



Health Center  
McKnight – Rogers Building  
1837 University Circle  
PO Box 200  
Cheyney, Pa 19319

### Cheyney University Statement of Understanding Health Insurance Coverage

I, \_\_\_\_\_, verify that **I am covered** under the following Medical/Hospitalization plan. Should I become ineligible under that policy, I understand that Cheyney University is **NOT RESPONSIBLE** for any medical expenses incurred by me while attending the University. Ambulatory transportation is at my expense. I will show insurance coverage prior to the beginning of every year, or my registration will be delayed. If there is a change of my insurance, I will give the Health Center a photocopy of the new card.

Student Name: (print) \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Insurance Co: \_\_\_\_\_

Group # \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Parent Signature (if necessary)

\_\_\_\_\_  
Signature Date

**Please attach/send a photocopy of the front and back of your insurance card**

\* The University does not act as an agent, nor does it benefit from any available insurance plan.