

Vanderbilt University Student Insurance Petition to Add Form

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED.

Please print clearly to insure accurate processing.

Student's Name _____ **ID Number** _____

Address _____
(notification will be sent to this address)

Date of Birth _____ **Telephone #** _____ **Student: Graduate** ___ **Undergrad** ___
International _____

Name of Individual Completing Form _____
(if other than student)

Relationship to Student _____

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself. **If you are completing this petition as a result of losing coverage under your previous insurance carrier, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage.** In order not to have a lapse in coverage, this petition must be received within 31 days of your last day of coverage. If this form is not received within 31 days of your last day of coverage, the effective date will be the date that this form is received at the Student Accounts Office.

I understand that this Petition is subject to the approval of Vanderbilt University. I also understand that if approved, the applicable premium will be billed to my Student Account.

Signature of Person Completing Form **Date**

Please complete and return it to:
Vanderbilt University
Office of Student Accounts
110 21st Avenue South, Room 100
Nashville, TN 37203

To be completed by Student Accounts Office

Approved _____ Denied _____ Effective Date _____