



St. Andrew's School

350 Noxontown Road
Middletown, Delaware 19709-8512
Phone 302-285-4240 Fax 302-378-8512
E-mail: healthcenter@standrews-de.org

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN AND RETURNED WITH THE HEALTH CENTER FORMS.

HEALTH & ACCIDENT INSURANCE FOR 2019/2020

If your child is covered under your primary health insurance and you do NOT wish to purchase additional health or accident insurance, which is listed at the bottom of this page, please fill out the following information. (Please note: **ALL** international students are **required** to purchase Plan I insurance through St. Andrew's School. Please complete the bottom of this page.)

Is your primary insurance a Medicaid Insurance Plan? **Yes** **No**

I do NOT wish to enroll _____ in Plan I listed below because my child is covered under my primary insurance. I accept full responsibility for all medical costs incurred by my child.

CHILD'S NAME

➔ X

SIGNATURE OF PARENT OR GUARDIAN

DATE

Parent/Guardian: Please provide child's name and check the appropriate box(es) below.

**You must return this form (along with your child's health forms) to the Health Center.
Those who enroll in any of these plans will be billed through Smart Tuition.**

Please enroll _____ **in:** (check appropriate boxes below)

CHILD'S NAME

***Plan I: Student Health Insurance (International Students Only)**
Underwritten by United Healthcare Insurance Co.

***All international students are required to purchase Plan I.**

10 months (8/15/19–6/14/20) for \$1,880.00 (international students only)

Plan II: Optional Student Accident Insurance
Underwritten by A.W.G. Dewar, Inc.

10 months (8/23/19–5/30/20) for \$120.00

Does your child have a social security number (SSN)? Yes** No

**Please provide SSN ___ - ___ - _____ for your child's claim form.

If purchasing Plan I insurance through St. Andrew's School, the Health Center will complete the health insurance information that is required on Page HCF-3; however, **the parent/guardian is responsible for completing the "Care Provider Information"** at the bottom of that page.

Please note that the insurance cards for Plan I will be mailed directly to the student at St. Andrew's School in October. As a courtesy, the Health Center will send a copy of the insurance card to the parent/guardian.

Note: Details about these plans are available on St. Andrew's website.

➔ X

SIGNATURE OF PARENT OR GUARDIAN

DATE

For Office Use Only:
HC Rec'd: _____ Entered into ST: _____