



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 INFORMATION

FIRST NAME

LAST NAME

DOB

DOMESTIC STUDENTS 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 United States Fire Insurance Company. This coverage is used by many independent schools, as well as colleges and universities. This Suffield Academy Insurance Plan is designed for domestic students who do not have existing coverage.

Any services provided to students with such policies will be considered self-pay and bills will be directed to the student's family. Parents will receive receipts/documentation so that they may submit to their insurer for possible reimbursement in these cases. Purchasing the school insurance will help alleviate most of 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 2021-2022 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 D is \$4,485 and it covers the 10- month period from August 15, 2021 through June 14, 2022. The premium cost for Plan E is \$4,935 and it covers the 12-month period from August 15, 2021 through August 14, 2022. If you have any questions, please contact Paula Della Bernarda, Financial Analyst [860-386-4455 / pdellabernarda@suffieldacademy.org]

Please check box D or E 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, 2021]

PLAN D Premium cost is \$4,485 [for coverage August 15, 2021 - June 14, 2022]

PLAN E Premium cost is \$4,935 [for coverage August 15, 2021 - August 14, 2022]

Parent/Guardian Name [please print]

Parent/Guardian Signature

DATE