



## PROOF OF INSURANCE

Laurel University requires each on-campus student to be covered by health insurance. Please return this form AND A COPY OF YOUR INSURANCE CARD to:

**Admissions Office**  
**1215 Eastchester Dr.**  
**High Point, NC 27265**  
**Fax: 336-889-2261**

If you are not covered by health insurance, you may opt in to coverage through Laurel University. If you would like to explore this option, please indicate your desire below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- I have insurance coverage and have attached a copy of my insurance card
- I do not have insurance coverage and would like to opt into coverage through Laurel University.  
(A representative from Laurel University will contact you with more information)

Address:

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Semester /Year of Enrollment: \_\_\_\_\_

Age: \_\_\_\_\_