

New York University
Student Health Insurance
726 Broadway, Suite 346
New York, NY 10003
health.attestation@nyu.edu

“GO LOCAL” STUDENT HEALTH INSURANCE ACKNOWLEDGEMENT FORM

Last Name, First Name	Student ID#	Birthdate (mm/dd/yyyy)
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I acknowledge that New York University (NYU) policy requires students to provide evidence of all-inclusive health insurance while registered at the University. I further acknowledge my responsibility to maintain insurance coverage and to submit this form at each and every renewal or change of carrier.

I promise to maintain this level of health insurance throughout the time I am registered at NYU. I acknowledge and agree that NYU is not responsible for my health insurance or medical expenses. If I have dependents, all my certifications, promises, acknowledgments, and agreements extend to my dependents as well as myself.

Insurance Carrier: _____

Member Insurance ID#: _____ **Dates:** _____ to _____
mm/dd/yyyy mm/dd/yyyy

Student Signature	Date	email address
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