

Manhattan School of Music
Office of the Bursar
Bursar@msmnyc.edu

Student Health Insurance Request Form

I, _____, am requesting to be enrolled in Manhattan School of Music's Accident and Sickness Health Insurance Plan for the Academic Year of 2009-2010. By enrolling, I am aware that I am responsible to pay the **\$2,200.00** for participating in the plan. Manhattan School of Music's plan will cover me beginning August 18, 2009 through August 18, 2010, and will terminate on August 18, 2010.

By signing I have agreed to the above

Name of Student: _____

Student ID: _____

Account ID: _____

Name of Bursar: _____

Date: _____

Please submit this form to the Office of the Bursar, as well as the Office of Student and Residence Life.