



**ASSOCIATE OF ARTS (EARLY CHILDHOOD EDUCATION)
STUDENT HEALTH INSURANCE FORM**

Dear Student,

The law of Bermuda states that every resident must have health insurance and we are asking you to complete the following form and return it to the Dean in the Division of Arts & Science Office by

_____.

Do you have health insurance? YES / NO

I do have health insurance with _____ (name of insurance company)

under policy number _____.

I do not have health insurance and understand that I will be required to obtain HIP through the Department of

Social Insurance.

Name: _____ Signature: _____

Dated: _____

Signature of Guardian if under 18 years of age: _____