



BERMUDA COLLEGE
Division of Liberal Arts

ASSOCIATE OF ARTS (HUMAN SERVICES)

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 Liberal Arts 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: _____