

# Student Health Insurance Enrollment Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

## To Whom It May Concern:

I am writing to formally apply for enrollment in the student health insurance program provided by [University/College Name]. I am a current student, enrolled in the [Your Program/Department] for the academic year [Year].

As a student, I understand the importance of having adequate health coverage and wish to ensure that I have access to necessary healthcare services throughout my studies. I have attached the required documents, including my student identification and proof of enrollment.

Please let me know if you need any further information or documentation to process my application. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Student ID]