



Princeton University Student Health Plan
Financial Aid Request and Student
Certification

I certify that I am *not* eligible to waive out of the University's Student Health Plan (SHP). This is because I am either not insured under my family's health policy, or I am insured but the plan does not meet the comparable coverage requirement. I am requesting financial aid to help cover the \$1800 cost of the plan for the 2017-18 academic year.

Student Printed Name _____

Student PUID _____ Class _____

Student Signature _____ Date _____

Undergraduate Financial Aid
Box 591, 220 West College
Princeton, New Jersey 08542-0591
Financial Aid: T: 609-258-3330 E: faoffice@princeton.edu
F: 609-258-0336

SHP Certification May 2017