Welcome Class of 2019, below is the information on the contents of both E-Packets, their due dates, and respective locations to be mailed or dropped off. If you choose to drop the packets off we will have a few dates in June that you can sign up for on the website to drop off the forms and get your new LSUHSC ID card as well.

**E Packet A is due to the Office of Admissions by June 30th, 2015 and**

**E-PACKET A**

Contained in E-Packet A are the following forms. Please print out and complete the following forms and mail them to the address below by **June 30, 2015**.

Forms included in E-Packet A

- Proof of Health Insurance Form
- LSUHSC- Additional Fees
- Authorization for the Use of Title IV Funds
- Notebook Notification Form

All students are required to be covered under a health insurance plan. It is your choice whether to be covered through the LSUHSC provided plan or through a private plan.

If you decide to be insured through LSUHSC, fill out Section I on the Proof of Health Insurance Form, and choose your plan on the form titled Student Health Insurance Options. You must also fill out the form titled Authorization for the Use of Title IV Funds for 2015-2016 Academic Year. Finally, the form titled Health Insurance Authorization Form should only be completed if you are opting for the $250,000 extended plan. Students choosing to be covered under the LSUHSC provided plans do NOT need to purchase a separate needle stick plan.

If you decide to be covered under a private plan, fill out Section II on the Proof of Health Insurance Form, and you must provide a Xerox copy of your insurance card (both sides). All students covered under a private plan must be covered under the needle stick plan.

Mail Forms To:

**Office of Admissions**  
**ATTN: Orientation Committee**  
**1901 Perdido Street**  
**Box P3-4**  
**New Orleans, LA 70112**
LSU HEALTH SCIENCES CENTER
STUDENT ACCIDENT AND SICKNESS PLAN
SCHOOL OF MEDICINE

TERM—2015-2016

As part of the acceptance criteria to LSUHSC, I agreed to purchase and maintain adequate health insurance for the duration of my enrollment. I understand that LSUHSC endorses a Blanket Accident and Sickness Plan for LSUHSC students. I also understand that IT IS MY RESPONSIBILITY (and for my protection), to either purchase the LSUHSC plan or to provide proof of alternate insurance.

I am fully aware the Louisiana State University Health Sciences Center is not responsible for interpretation or review of the policy information presented, or any expenses resulting therefrom. I agree to be responsible for advising my department of LSUHSC (in writing) of any lapses or cancellations of this policy during any semester for which I am enrolled.

NAME: __________________________

Please type or print

SSN: ____________________________

SIGN EITHER SECTION I OR II - NOT BOTH

SECTION I - AUTHORIZATION TO PURCHASE LSUHSC HEALTH INSURANCE

I hereby authorize the LSUHSC Accounting Office to assess the appropriate health insurance premium for the 2015/2016 Annual Term. By paying half of the premium during the Fall registration, I understand that the remaining balance will be assessed during the Spring registration.

________________________________________
Signature
_______________________________________
Date

SECTION II - STUDENT INSURANCE WAIVER

I am insured through my work (to include employer, spouses employer or parent) for the entire 2015-2016 academic year. In addition to listing the name and phone number on my insurance company below, I HAVE APPENDED A XEROX COPY OF BOTH SIDES OF MY INSURANCE I.D. CARD.

I understand that if the required copy of my insurance I.D. card is not appended to this form, LSUHSC has the full authorization to assess the semester premium during registration.

COMPANY NAME: __________________________ PHONE #: __________________________

________________________________________
Signature
_______________________________________
Date
NAME: ____________________________________________
SCHOOL: __________________________________________
SSN or EMLPID: ______________________________________

Listed below are optional fees that students must elect on an individual basis. Please select all fees that apply.

**Student Health Insurance**

Health insurance coverage is an LSUHSC requirement. All students must attach the Student Accident and Sickness Plan form. The Needle Stick fee is an insurance policy that covers tests and treatment required if a student is stuck by a needle or splattered with blood.

____ Health Insurance $500,000. Plan (I will purchase LSUHSC Health Insurance - $1554.72 Semi-annual premium includes needle stick and repatriation fee)

____ Needle Stick Fee (I have personal health insurance, but I understand that I am required to purchase the Needle Stick/splatter fee - $17.82 Semi-annual premium)

**Student Parking**

____ Parking Gate Card (First time enrollees - $25 refundable deposit)
____ Lot Parking (Continuing and first time enrollees - $125 annually)
____ Residence Hall Parking Fee (Continuing and first time Reserved Residence Hall Parking - $155 annually)

SIGNATURE: ____________________________________________
DATE: ____________________________________________

*FEES ARE SUBJECT TO CHANGE*

LSUHSC Business Office
433 Bolivar St., Room 144
New Orleans, LA 70112
Questions? Contact:
NOBursar@LSUHSC.EDU
Authorization for the Use of Title IV Funds for 2015-16 Academic Year

All Federal Pell, SEOG and Perkins Loan Funds, as well as all FFELP loan funds received through Electronic Funds Transfer will be credited directly to your university student account first to cover tuition and fees. Any remaining funds may then be used for other institutional charges such as health insurance, parking fees and fines, library fines, etc. with your authorization. You have the right to refuse permission to credit your university student account for other institutional charges. If you authorize the University to credit your university student account for other institutional charges, you can withdraw this permission in writing to the Business Office, anytime during the academic year.

_____ I hereby authorize the Louisiana State University Health Sciences Center to apply any remaining Title IV funds, after tuition and fees are covered, to any outstanding institutional charges.

_____ I do not authorize the Louisiana State University Health Sciences Center to apply any remaining Title IV funds, after tuition and fees are covered, to any outstanding institutional charges.

_____ I will not receive financial aid.

_________________________________
Print Name

_________________________________
Signature

_________________________________
Date

_________________________________
School
Student-purchased Notebook Computer Requirement for Fall 2015

READ CAREFULLY AND RETURN BEFORE JUNE 30, 2015

Students in the Class of 2019 must own a notebook computer as part of the equipment required for beginning classes in Fall 2015. As the curriculum of the School of Medicine (SOM) advances into the future, our technology requirements continue to grow. Computer-based learning materials and exams are now part of the curriculum. To ensure standardized testing conditions and computer support, ALL STUDENTS must purchase the specified model through the SOM.

The SOM is currently evaluating the notebook computer model for Fall 2015. The chosen model will meet or exceed the specifications outlined below, and cost approximately $1500 including hardware, software, 4 yr warranty, 4 yr damage replacement, shipping and taxes.

**Approximate Specifications:** Ultrabook, 5th Generation Intel® Core™ i5-5300U (2.3 GHz, 3 MB cache, dual core, 2.9 GHz with Intel Turbo Boost Technology), integrated graphics, 4GB SDRAM, 500GB 7200RPM HD, 14.0” HD LED, HD webcam, integrated audio, integrated Gigabit Ethernet adapter, integrated 802.11a/b/g/n (2x2) wireless adapter, Bluetooth, 50Whr battery, AC Adapter, Win 7 64-bit OS, MS Office 2013 Pro, antivirus software, 4 Yr onsite warranty, 4 Yr accident protection plan, notebook sleeve, Ethernet patch cable.

Orders are placed for all students in late June 2015. The computers are delivered to the SOM, configured with software, and distributed to students at orientation. The cost of the computer is added to the student’s Fall 2015 fee bill and is eligible for financial aid.

**Please sign and return this form by June 30, 2015 to:**

Orientation Forms  
c/o The Admissions  
Office LSU School of Medicine  
1901 Perdido Box P3-4 New  
Orleans, LA 70112

I understand the LSU SOM will order and deliver a notebook computer to me at orientation. The cost of the computer will be charged to my fee bill.

Signature: ____________________________________________