



STUDENT HEALTH INSURANCE WAIVER FORM
2007-2008

For FULL-TIME STUDENTS who are NOT participating in the Westminster-sponsored health insurance plan: You must complete and return this form (ALONG WITH a copy of the front of your insurance card or letter from your insurance company) to Robin Seah in the Student Affairs office by Friday, Sept 7th (first week of classes).

SECTION 1:

STUDENT INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____ SS# _____

Int'l student on J-1 or F-1 VISA? ___ no ___ yes (if yes, you must fill out Section 2 below)

I understand that I must have health insurance to be enrolled as a full-time student at Westminster Theological Seminary. I will not be joining the Seminary's sponsored **student insurance** plan because I have comparable coverage through the following group or private policy:

INSURANCE COMPANY _____ **POLICY #** _____

I fully understand that I am legally responsible for any medical expenses. I promise to maintain my health insurance coverage while a full-time student or, if my medical insurance protection is terminated, I promise to enroll in another health insurance plan and submit a waiver form to Robin Seah in the Student Affairs office within 3 weeks (21 days) of said termination.

I understand that this waiver is only valid when accompanied by 1) a copy of the front of my insurance card or 2) a signed letter from my insurance company. I have provided this.

I further understand that this waiver is effective through September 1, 2008 and must be renewed at the start of each academic year.

DATE _____ **STUDENT SIGNATURE** _____

SECTION 2 (to be signed by J-1 and F-1 VISA students only):

I have Medical Evacuation and Repatriation of Remains (MERR) coverage as evidenced by the copy of my policy, which I am submitting along with this form.

DATE _____ **STUDENT SIGNATURE** _____