

Judson College Health Insurance Waiver Form

All students must have proof of health insurance before checking into their room and/or attending classes. Please complete this insurance waiver form and return it to the Office of Student Life. Students who do not have health insurance will be required to purchase a health insurance plan. Brochures are available for two plans. Student-athletes must have insurance that covers intercollegiate athletics.

Please Print:

Term/Year: _____

Student's Name: _____

Social Security Number: _____

I have major medical insurance coverage through my own or my family's membership in the following group or private policy:

Name of Insured: _____

Relationship to Student: _____

Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Address of Company: _____

Date of Expiration: _____

Policyholder Information:

Social Security Number: _____

Birth date: _____

Employer (Group Name): _____

Address: _____

Phone Number: _____

Policy Code: _____

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College. I also understand that should I lose my health insurance protection, I will immediately make arrangements to enroll in another major medical insurance plan and will notify the Office of Student Life of the change of coverage.

Signature: _____ Date: _____

Please return form to the Student Life Office next to the mailboxes in the Mary Katherine Archibald Blount Student Center.