

Proof/Waiver of Student Health Insurance Coverage



NOTE: This form must be filled out prior to your first class each Academic Year (the Academic Year begins in August).

Calvary University strongly recommends that all students carry health insurance that covers them in the Kansas City area. (Many insurance plans do not provide coverage outside the "home" area, so it is important that you contact your insurance company to find out whether you will be covered in Kansas City.) All students must complete this *Proof/Waiver of Student Health Insurance Coverage* form and present it along with a copy of their insurance card (or other proof of coverage) to the Student Deans office prior to their first class. If a student is unable or unwilling to obtain coverage for the Kansas City area, that must be so indicated below.

Calvary does not offer insurance plans, but students may contact Troy Floyd at Heritage Benefit Consultants (816-322-6350) for information on Short-Term or Long-Term medical plans that would be suitable.

Student Name:	Social Security #:
Address:	
City/State/Zip:	Home phone:

Please complete one of the following boxes, then sign and date the form and return it to the Student Services office.

If you have traditional insurance coverage (such as Blue Cross/Blue Shield, Humana, etc.):		
Insurance company name:		
Insurance company address:		
Group #:	Policy #:	Coverage Expiration Date (if any):
By signing this form, I certify that:		
<input type="checkbox"/> I have attached a copy of the front and back of my insurance card.		
<input type="checkbox"/> I will maintain this coverage throughout the current academic year.		
<input type="checkbox"/> I will contact the Student Services office if my coverage is cancelled.		
<input type="checkbox"/> I understand that I am responsible for any and all expenses I may incur from sickness or accident (not the fault of Calvary) while enrolled at Calvary University.		

If you are a member of a Christian Medical Bill Sharing ministry (i.e., Christian Healthcare Ministries, Medi-Share, Samaritan Ministries, etc.):	
Ministry name:	
Ministry address:	
Your Member #:	Coverage Expiration Date (if any):
By signing this form, I certify that:	
<input type="checkbox"/> I have attached a copy of the front and back of my membership card or other document that proves I have coverage through this organization.	
<input type="checkbox"/> I will maintain this coverage throughout the current academic year.	
<input type="checkbox"/> I will contact the Student Services office if my coverage is cancelled.	
<input type="checkbox"/> I understand that I am responsible for any and all expenses I may incur from sickness or accident (not the fault of Calvary) while enrolled at Calvary University.	

If you are unable or unwilling to obtain health coverage for the Kansas City area:
By signing this form, I certify that:
<input type="checkbox"/> I do not plan to carry health insurance coverage during the current academic year.
<input type="checkbox"/> I understand that I am responsible for any and all expenses I may incur from sickness or accident (not the fault of Calvary) while enrolled at Calvary University.
<input type="checkbox"/> I understand I am responsible for any fees, costs or fines associated with not obtaining health insurance coverage pursuant to the Affordable Care Act and/or any other Federal or State individual health insurance mandates.

Student Signature: _____

Date: _____

Policy Holder/Member Signature: _____

(if other than student)

Date: _____