



**STUDENT HEALTH INSURANCE SIGN-UP FORM
2007-2008**

For all FULL-TIME students who do NOT have alternative health insurance coverage: You must enroll in the Westminster-sponsored Health Insurance plan by Friday, Sept 7th (first week of classes). After you have done this, you must complete and return this form (ALONG WITH a copy of the front of your insurance card or your Health Insurance Enrollment form) to Robin Seah in the Student Affairs Office.

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 and have enrolled in Westminster's sponsored **student insurance** plan. I promise to maintain my coverage while a full-time student or, if I decide to cancel my policy, 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 cancellation.

I understand that this sign-up is only valid when accompanied by a copy of my enrollment form. 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** _____