

Health Insurance Coverage Information Form

All students must have proof of health insurance before checking into their rooms 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. Links to plans will be available on the student portal. **Student-athletes must have insurance that covers intercollegiate athletics. Student-athletes should make sure their policies do not exclude coverage for intercollegiate athletics.**

Please Print: Term/Year: _____

Student's Full Name: _____

Date of Birth: _____ Telephone Number: _____

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

Policyholder Information:

Subscriber/Policy Holder Name: _____

Relationship to Student: _____

Policy Holder's Zip: _____ Policy Holder's Date of Birth: _____

Insurance Company Name: _____

Member ID or Subscriber Number: _____ Group/Plan Number: _____

Address of Insurance Company: _____

Phone Number of Insurance Company: _____

Date of Expiration if known: _____

Employer of Policy Holder (Group Name): _____

Employer Address: _____

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. I understand that all the information provided is accurate and that it may be verified.

Signature: _____ Date: _____

Please return form to the Office of Student Life, Judson College 302 Bibb Street, Marion, AL 36756, or email it to studentlife@judson.edu