

During the time you are registered at Meadville Lombard, health insurance coverage is mandatory. As a matriculated student, you are required to either:

- **ENROLL** in a Basic coverage plan (Affordable Care Act), or
- **WAIVE ENROLLMENT** by providing evidence that 1) you have coverage in a health insurance plan that is comparable to U-SHIP or 2) you will not be on campus during the 2016/17 academic year.

YOU WILL NOT BE ALLOWED TO PARTICIPATE IN CLASSES without proof of insurance. Every student must complete the waiver form **each year**.

PLEASE READ CAREFULLY, FILL OUT COMPLETELY, SIGN BELOW, & MAIL, EMAIL (AS A PDF from your Meaville.edu email account), OR FAX TO:

Director of Student Records/Registrar
Meadville Lombard Theological School
610 S Michigan Ave
Chicago, IL 60605
vpennhargrove@meadville.edu
FAX: 312.237.7068

- I have health insurance that satisfies the conditions listed on the following page and **DO NOT** wish to purchase the U-SHIP Student Health Insurance Plan.
- I will not be participating in campus-based classes or school-sponsored activities at Meadville Lombard Theological School at any time during the 2016/17 academic year and am **EXEMPT** from providing proof of health insurance.

(STUDENT) Full Name _____

Name of Policy Holder _____

Subscriber Name _____

Group and/or Subscriber Number (US) _____

Insurance Company _____

Insurance Company Phone _____

Insurance Policy Number (US) _____

DEADLINE TO RESPOND IS May 30, 2016 for Summer and August 22, 2016 for Fall

2016/2017 Student Health Insurance WAIVER

EMERGENCY CONTACT INFORMATION (required)

Emergency Contact Name: _____

Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Address (if different from student's) _____

By signing below, I affirm that I have health insurance coverage that meets the conditions described on the following page **OR** I am exempt from providing proof of insurance. I certify that the information supplied is correct, and I am responsible for any incorrect information, whether intentional or otherwise. I understand I am legally responsible for any medical expenses incurred during my enrollment at Meadville Lombard Theological School, and that Meadville Theological School and its medical insurance program will not be responsible for any of my medical expenses. I understand that if my plan does not meet these requirements, or I am uninsured, I may not be allowed on campus to participate in classes.

I understand that this waiver will be valid for the entire 2016/17 academic year, while I am continually enrolled in classes at Meadville Lombard Theological School and that if I want to be enrolled in the U-SHIP Student Health Plan I will have to notify the Department of Enrollment & Student Services in writing.

I understood the statements above:

Signature

Date

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