



Name: _____ Calvin ID: _____

Calvin College requires that all undergraduate students enrolled in at least 6 credit hours must carry medical insurance. Unless a waiver is submitted, students are automatically enrolled in the college-sponsored plan (KnightCare). If you are covered by other medical insurance and wish to waive the coverage offered by Calvin College, your insurance coverage must meet the criteria listed below. If you are uncertain about your insurance benefit plan, contact the company to confirm the coverage limits.

- | | | |
|---|-----|----|
| 1. My plan provides coverage for the entire academic year. | YES | NO |
| 2. My plan provides coverage for at least \$50,000 per year. | YES | NO |
| 3. My plan provides coverage for local hospitals, physicians, pharmacies and mental health care providers in the Grand Rapids area. | YES | NO |
| 4. My plan provides coverage for lab work, diagnostic x-rays, physical therapy, and prescriptions in the Grand Rapids area. | YES | NO |
| 5. My insurance carrier is a company based in the United States, and hospitals and doctors will be able to bill them directly. | YES | NO |

THE FOLLOWING INFORMATION MAY BE FOUND ON YOUR INSURANCE CARD:

Insurance Company Name _____

Company Address _____

Company Phone # _____

Policy/ID # _____ Group # _____

Policy Holder Name _____

Name of the person who is financially responsible for payment of charges

By signing below, you acknowledge that: 1) You are currently covered by the above-mentioned plan; 2) Your plan is NOT a travel or an emergency-only plan; 3) If your plan has a deductible in excess of \$250, you have adequate financial resources available to pay for the charges subject to the deductible; 4) You have verified your coverage within the Grand Rapids area with your health insurance plan representative.

Signature of Student

Date

For Office Use Only:
Date this form was received at the Health Center: _____