



## **Health Insurance Waiver Request Form**

### **Purpose**

Belcroft University requires all enrolled students to maintain adequate health insurance coverage throughout their enrollment period. Students who already possess comparable coverage through an employer, government plan, private provider, spouse, parent, or another qualified source may request a waiver from the University's Student Health Insurance Plan.

However, submitting a waiver request does not guarantee approval. The University reserves the right to review all policies to determine whether the alternative coverage satisfies University requirements.

### **Student Information**

|                                      |                                                                                               |
|--------------------------------------|-----------------------------------------------------------------------------------------------|
| Student Name (First - Middle - Last) |                                                                                               |
| Student ID Number                    |                                                                                               |
| Student Email                        |                                                                                               |
| Phone Number                         |                                                                                               |
| Semester Applying For                | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |
| Current Address                      |                                                                                               |
| Country of Citizenship               |                                                                                               |
| Date of Birth                        | ____ / ____ / ____                                                                            |

### **Health Insurance Information**

|                                |  |
|--------------------------------|--|
| Insurance Company Name         |  |
| Policy Number                  |  |
| Policy Effective Date          |  |
| Policy Expiration Date         |  |
| Insurance Company Phone Number |  |
| Insurance Company Website      |  |

### **Requiring Supporting Documents**

- Copy of Insurance Card (Front)
- Copy of Insurance Card (Back)
- Insurance Policy Summary
- Benefits Coverage Document
- Verification of Active Coverage
- Additional Documentation (if requested)



### Student Acknowledgement

☐ I certify that the information provided on this form is true and complete. I understand that Belcroft University may request additional documentation to verify my eligibility for a health insurance waiver.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### University Review

|                               |                                                                   |
|-------------------------------|-------------------------------------------------------------------|
| Insurance Card Received       | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Policy Documentation Received | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Coverage Verified             | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Meets University Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Waiver Decision               | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |

Reason for Denial (if applicable):

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### University Authorization

|            |                    |
|------------|--------------------|
| Name       |                    |
| Title      |                    |
| Department |                    |
| Signature  |                    |
| Date       | ____ / ____ / ____ |

### For Office Use Only

|                      |                    |
|----------------------|--------------------|
| Date Received        | ____ / ____ / ____ |
| Date Reviewed        | ____ / ____ / ____ |
| Date Approved/Denied | ____ / ____ / ____ |