## GRAMBLING STATE UNIVERSITY FOSTER-JOHNSON HEALTH CENTER

403 Main Street, Box 4251 Grambling, LA 71245 Phone: (318) 274-2351/Fax: (318) 274-2481

Web: www.gram.edu

## DOMESTIC STUDENT INSURANCE WAIVER REQUEST

Term: Fall Semester	Spring Semest	erSu	ımmer Session I	Summer Session	II
Year All students are required to have health insura in and billed for the College-endorsed Studen proof of other adequate health insurance is session and the waiver request must be approwhether or not the charge has been billed to yimmediately at (318) 274-2087.	t Insurance Plan in four in <b>furnished</b> . Students muved to avoid being enroll	nstallments (fall, sparst submit a waiver ed in the Student	pring, summer session request by the posted of Insurance Plan. It is the	I and summer session II) UN deadline each academic seme ne student's responsibility to	ester or verify
Submit the insurance waiver form, with a copy hospital (NLMC) and area clinic (Green Clinic accepted. Keep a copy for your record.	-				
Student Information					
Student G Number:					
Last Name:	Fi	rst Name:		MI:	
Birth Date:		Gender: _	Female	_Male	
Mailing Address:					
Mailing City:		Mailing Sta	ate:	Mailing Zip:	
Email:	Te	elephone:			
Insurance Information			Foster-Johns	son Health Center Stamp	
Insurance Company Name:					
Insurance Company Phone:					
Policy Holder Name:					
Policy Holder Birth Date:					
Policy Number:			PI	ace stamp here	
Group Number:					
Please answer the following questions to detectors are the coverage.	•		•	-	urance
1YesNo Acknowledgement:	Does your insurance p	rovide coverage fo	or the entire academic t	erm?	
By signing, the student acknowledges the foll Center website; 2) He/She has adequate hea Student Insurance Plan for the selected acade period; and 4) That the information provided I	alth insurance coverage in the stude emic period; 3) The Stude	n accordance with nt's current insura	h said policy and there nce coverage is effective	efore elects to waive the Co	llege's

Revised 07/13