

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

STUDENT INSURANCE WAIVER REQUEST

Term: _____ **Fall Semester** _____ **Spring Semester** _____ **Summer Session I** _____ **Summer Session II**
 Year **Year** **Year** **Year**

All students are required to have health insurance coverage (Domestic-Accident only plan, International-Sickness and Accident plan) throughout the school year as a condition of enrollment. These students will be enrolled in and billed for the College-endorsed Student Insurance Plan in four installments (fall, spring, summer I, summer II) **UNLESS proof of other adequate health insurance is furnished.** Students must submit a waiver request by the posted deadline each academic semester or session and the waiver request must be approved to avoid being enrolled in the Student Insurance Plan. It is the student's responsibility to verify whether or not the charge has been billed to your student account. If there is a billing error, you should contact the Student Accounts Coordinator immediately at (318) 274-2087.

Submit the insurance waiver form, with a copy of proof of insurance and proof from your insurance carrier that coverage is accepted at the local hospital (NLMC) and area clinic (Green Clinic), to Foster-Johnson Health Center for approval in **person only**. Forms sent by fax or mail will not be accepted. Keep a copy for your record.

Student Information

Student G Number: _____

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ (Ex: mm/dd/yyyy) Gender: _____ Female _____ Male

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Email: _____ Telephone: _____

Insurance Information

Foster-Johnson Health Center Stamp

Insurance Company Name: _____

Insurance Company Phone: _____

Policy Holder Name: _____

Policy Holder Birth Date: _____

Policy Number: _____

Group Number: _____

Place stamp here

Please answer the following questions to determine if your current coverage exempts you from purchasing the College's recommended insurance coverage.

1. _____ Yes _____ No Does your insurance provide coverage for the entire academic term?

Acknowledgement:

By signing, the student acknowledges the following: 1) He/She has read the College's Insurance Requirement policy found on the Student Health Center website; 2) He/She has adequate health insurance coverage in accordance with said policy and therefore elects to waive the College's Student Insurance Plan for the selected academic period; 3) The Student's current insurance coverage is effective for the entire selected academic period; and 4) That the information provided herein is true and correct to the best of his/her knowledge.

Student's Signature

Date

Parent or Legal Guardian Signature, if a minor

Date
Revised 02/15