

**Emmaus Bible College
Student Hospital Indemnity Plan Application or Waiver Form**

Students attending Emmaus Bible College are expected to carry health insurance coverage. A student who is covered through their own individual policy or a policy through a parent or legal guardian may waive the Student Hospital Indemnity Plan provided through Emmaus Bible College. Students who live on campus but do not have their own coverage are required by the College to purchase this coverage through the College. Please complete this form and return it to the Student Accounts Office. Failure to return this form means you will be automatically enrolled in the Student Hospital Indemnity Plan and the cost of such plan will be added to your Student Account.

Student Name: _____ Student I.D. # _____

Date of Birth: _____ Gender: M F

Complete Address: _____

I already have other coverage and do not want this plan. *Please complete the Waiver at the bottom of this page and return this form to the Student Accounts Office by August 1, 2015.*

I desire to be enrolled in the Student Hospital Indemnity Plan described in the brochure provided and available online at www.BollingerColleges.com/Emmaus as I do not have coverage elsewhere. I understand that my student account will be billed for the cost of the premium and that any medical costs in excess of plan coverage are my responsibility. *Please complete the following information to enroll in the 2015/16 Emmaus Bible College Student Hospital Indemnity Plan – High Option and return this form to the Student Accounts Office by August 1, 2015 for the fall semester and December 1, 2015 for the spring semester. If your spouse or dependent(s) are applying for coverage complete those sections as well.*

Coverage Choice	Annual Rate 8/10/15 thru 8/10/16	Spring Entering Rates 1/1/16 thru 8/10/16
Student under age 25	\$550.00	\$328.00
Student age 25 - 34	\$826.00	\$494.00
Student under age 25 & Spouse	\$1,100.00	\$657.00
Student age 25 – 24 & Spouse	\$1,652.00	\$988.00
Student under age 25 & Child(ren)	\$1,512.00	\$902.00
Student age 25 – 34 & Child(ren)	\$1,785.00	\$1,066.00
Student under age 25 & Family	\$2,036.00	\$1,218.00
Student age 25 – 34 & Family	\$2,582.00	\$1,546.00

Dependent/Spouse Information (if applying for coverage):

Name of Spouse: _____ Date of Birth: _____ Gender: M F

Name of Dependent Child: _____ Date of Birth: _____ Gender: M F

Name of Dependent Child: _____ Date of Birth: _____ Gender: M F

I, _____, hereby authorize Emmaus Bible College to charge my Student Account for premium debits to Monumental Life Insurance Company, Cedar Rapids, Iowa in payment of the premium due.

Applicant's Signature Date Spouse's Signature (if applying) Date

STUDENT HEALTH PLAN WAIVER

I wish to waive coverage under the Student Hospital Indemnity Plan because I currently have other coverage that meets or exceeds the coverage offered. I fully understand that I am legally responsible for any medical bills incurred during my enrollment at Emmaus Bible College and that the College will not be responsible for any medical expenses I incur including any costs for injuries sustained while participating in any intramural, club, intercollegiate or professional sport contest or competition. I understand that I must provide written proof of these benefits in order to qualify for the waiver.

Insurance Company Name: _____ Customer Service Phone Number: _____

Name of Policy Holder: _____ Group I.D. # _____ Policy # _____

Student's Signature Date