

# Garrett-Evangelical Theological Seminary

## HEALTH INSURANCE VERIFICATION OR REGISTRATION FORM

Garrett-Evangelical Theological Seminary students registered in degree programs of 6 or more credits or who are actively enrolled in research courses that are designated by G-ETS as full time are **required** to have accident/sickness insurance coverage. One of the following options is mandatory:

- Family or parent's policy
- Individual, private, or group policy
- Policy offered by Northwestern University

**You must submit your proof of health insurance to the Dean of Student's Office by Sept. 12, 2011, or your account will be charged the amount due\* at registration for the insurance that Northwestern University provides.**

*This form must be completed and returned to Kathryn Lindsey.*

---

Name of Student & ID # (Please Print)

Social Security Number

I am enrolled in **less than** 6 hours this semester

I already have health insurance with\*\*: \_\_\_\_\_  
Name of Provider (Insurance Company)

---

Name of Policy Holder (if different from student)

**\*\*Attach a copy of your current membership card and/or proof of payment of premium if your card has not arrived.**

**OPTIONAL:** I have personal health insurance as indicated above, but would like to participate in NU Student Health Clinic Use Plan **only**. I understand the use fee of \$135.00 will be applied to my student account every three (3) months. *Annual cost \$540.*

I will enroll in NU Comprehensive Plan that will cost \$2,584 for academic year **plus** the \$540 annual clinic use charge. The total premium (\$3,124\*) will be charged to my student account in October 3, 2011 (**Coverage: Sept. 01, 2011 to Aug. 31, 2012**).  
*With the NU Comprehensive Plan the student pays a \$250 up-front deductible.*

---

Student Signature

Date

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DOB: \_\_\_\_\_ Phone # \_\_\_\_\_

***PLEASE RETURN TO KATHRYN LINDSEY BY September 12, 2011.***