



## Student Health Insurance Verification

Student health insurance is mandatory at Claremont School of Theology. If your insurance information changes you must notify the Business Office within 30 days. Students found without valid health insurance will be required to enroll in the Student Health Plan and billed accordingly.

*Please complete and return to*  
Claremont School of Theology  
Business Office  
1325 N. College Ave.  
Claremont, CA 91711

Please Print ALL STUDENTS COMPLETE THIS BOX		
Last name	First Name	Student ID #
Address		
City, State, Zip		

AUTHORIZATION FOR ENROLLMENT IN STUDENT HEALTH INSURANCE PLAN
I agree to enroll in the Claremont School of Theology Student Health Insurance Plan.
Student Signature _____ Date _____
Enrollment forms and information are available through the Business Office or online at <a href="https://studentnet.kp.org">https://studentnet.kp.org</a> .

PETITION FOR WAIVER OF STUDENT HEALTH INSURANCE FEE
I have medical insurance coverage for the entire term with:
Name of Insurance Company _____ Group Number _____
Name of Policy Holder _____ ID Number _____
Relation to the Student _____ Insurance Expiration Date _____
Phone Number of Insurance Company _____
I certify that the above information is accurate and complete. I request the student insurance fee be waived on the basis that I now have and will maintain the above comparable insurance coverage while enrolled at Claremont School of Theology. I understand that this waiver will be valid for the entire term and that if I want to be enrolled in the Student Health Plan I will have to notify the Business Office in writing. I also understand that if my insurance coverage changes or expires I will be required to enroll in the School's Student Health Plan unless I provide proof of new insurance to the Business Office.
Student Signature _____ Date _____