

Emmaus Bible College
Acknowledgement of Insurance Requirements or Proof of Insurance Form

According to the Emmaus Bible College Student Handbook, every full-time student living in the residence halls at Emmaus Bible College is required to be covered by a health insurance plan*. Additionally, all Emmaus Bible College student-athletes are required to be covered by a health insurance plan*. Students who live on campus must have coverage prior to their first day attending class; students who participate in intercollegiate sports must have coverage prior to their first day attending team practice. Please complete this form and return it to the Residence Life Office prior to the first class session or team practice. Failure to return this form will place an automatic hold on your student account and will withhold you from attending enrolled courses or team practices.

Student Name: _____ Student I.D. # _____

Date of Birth: _____ Gender: M F Email Address: _____

Address Line 1: _____ Address Line 2: _____

City: _____ State: ____ Zip Code: _____ Phone Number: _____

I have a current health insurance coverage plan. *Please complete the Statement at the bottom of this page and return this form to the Residence Office prior to the first class session or team practice (scan and email to reslife@emmaus.edu or send to Residence Life 2570 Asbury Rd., Dubuque, IA 52001).*

I do not have a current health insurance coverage plan. I understand that it is a requirement for me, as a resident student and/or student-athlete, to be covered by a health insurance coverage plan. I agree to be contacted by a member of the Residence Life staff to discuss my options for obtaining health insurance coverage. *Please sign below and return this form to the Residence Life Office prior to the first class session or team practice (scan and email to reslife@emmaus.edu or send to Residence Life 2570 Asbury Rd., Dubuque, IA 52001).*

Student's Signature Date

Parent or Guardian's Signature (if student is under the age of 18 years old) Date

Statement of Current Health Plan

I, _____, attest that I have health insurance coverage under a current plan.
(Print Name)

If there is a material change in coverage or expiration of coverage, I agree to notify Emmaus Bible College of this development and update the insurance information I have on file with Emmaus Bible College. I understand and agree that Emmaus Bible College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses incurred while enrolled at Emmaus Bible College.

Insurance Company Name: _____ Customer Service Phone Number: _____

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

Student's Signature Date

Parent or Guardian's Signature (if student is under the age of 18 years old) Date

**Note: faith-based healthcare sharing plans meet the health coverage requirement (e.g. Medi-Share). State government healthcare assistance programs may not meet the health coverage requirement (to be determined on a case-by-case basis; contact reslife@emmaus.edu with questions concerning state coverage).*