



Health Insurance Waiver/Application

Fresno Pacific University requires all students with 6+ units to be covered by health insurance. Students must provide proof of coverage through a parent, spouse or self. Travel insurance is not acceptable coverage.

PLEASE NOTE:

- To avoid being charged for the health insurance policy available through the University, please be sure to submit this form with all required documentation by the end of the first week of classes. **The charges for the insurance offered through FPU are non-refundable.**
- To maximize the coordination of benefits and insurance coverage, athletes are encouraged to enroll in the campus health insurance plan.
- If you have coverage through an HMO, please ensure that the coverage extends into the Fresno County network of health professionals. In the event that the HMO does not, you are urged to purchase the school policy.

WAIVER OF FPU HEALTH INSURANCE

I certify that I have sufficient health insurance coverage through a parent or spouse as a dependent or through an individual policy and therefore have no need for the policy offered and required by FPU. I assure that all information below is accurate and current. I have attached a copy of my insurance card.

Student Name: _____ Student SSN: _____
(Please Print) Last First M.I.

Name of Insurance Company: _____ Contact Phone #: _____
(May be found on membership card)

Policy Number: _____ Policy Expiration Date: _____

Policy Holder: _____ Relationship to Student: _____

Student's Signature: _____ Date: _____

APPLICATION FOR FPU SPONSORED HEALTH INSURANCE

I do not have my own health insurance. I am applying for the insurance offered through FPU.

Student Name: _____ Student SSN: _____
(Please Print) Last First M.I.

Address: _____
Street City State Zip

I understand that this insurance is effective upon submission of this application and receipt of payment. (Please consult insurance brochure for policy coverage dates.) **I understand that the charges for this insurance are non-refundable.**

Student's Signature: _____ Date: _____

I would like to enroll my spouse or child.

Dependant's Name: _____ Date of Birth: _____
(Please Print) Last First M.I.

Dependant's Name: _____ Date of Birth: _____
(Please Print) Last First M.I.

Student's Signature: _____ Date: _____