# Insurance Verification Form
# 2016-2017

NCU
NORTHWEST CHRISTIAN UNIVERSITY
Wisdom · Faith · Service

## Student Information

| Student Name | | |
|---|---|---|
| | | |
| Date of Birth (mm/dd/yy) | Phone | Email Address |
| | | |
| Home Address (Street, City, State, Zip) | | |
| | | |

## Insurance Plan Information

*Please provide the following information regarding your personal insurance policy that provides your health insurance coverage for the 2016-17 academic year:*

Insurance Company Name: _____

Phone #: _____

Address: _____

Member ID#: _____

Group or Policy #: _____

Primary Insured Name:
(if other than self) _____

## Required Signatures

***By signing this form I am affirming that my personal health insurance policy as outlined above will provide the coverage needed for my health care needs. I hereby release Northwest Christian University of any responsibility of my health care and I will assume all financial responsibility related to my health care while attending Northwest Christian University for the 2016-2017 academic year.***

| Print Student Name | Student Signature | Date |
|---|---|---|
| | | |
| *Signature is only required by a parent or guardian if the student is under 18 years of age.* | | |
| Print Parent/Guardian Name | Parent/Guardian Signature | Date |
| | | |

| Office Use Only: | |
|---|---|
| Date Received: _____ ☐ Waiver Approved ☐ Need More Information | Notes: |