TABOR COLLEGE MEDICAL COVERAGE WAIVER FORM
2012-2013

Tabor College requires that every full-time student participate in the Student Accident and Health Medical Coverage Plan unless this waiver form is completed and returned together with a copy of both sides of your current health insurance identification card before August 10, 2012.

Student's Name _____
Last First Middle

Social Security Number_____ Tabor Student ID Number _____

Home Address _____ City _____ State ____Zip Code _____

I do not wish to purchase the Tabor College Student Medical Coverage. I am currently covered under the following policy, which meets or exceeds the benefits listed in the brochure and acknowledge that I am legally responsible for any and all expenses incurred by myself/son/daughter during my/their enrollment at Tabor College.

Name of Insurance Co. _____Company Phone # _____

Insurance Company Address _____

Policy #_____ ID#_____ Group # _____

Parent's Employer if insurance is provided through an employer _____

Name of Policyholder (parent, spouse, self. Etc.) _____

Policyholder SS# _____ Policyholder Birth Date _____

Signature _____ Date _____
(Student's Signature, or Parent's Signature if Student is under Age 18)

You must fully complete and sign this Waiver Form and return it to the Student Life Office no later than August 10, 2012.
Fax Number: 620-947-2607 Email Scan: kayleneu@tabor.edu
Mailing Address: Tabor College, Student Life Office, 400 South Jefferson, Hillsboro, KS 67063-1799.

PLEASE ATTACH A COPY OF BOTH THE FRONT AND BACK SIDES OF YOUR INSURANCE CARD.

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If you are playing intercollegiate athletics please complete the rest of the form:

What sports do you intend to play at Tabor? _____ Birthdate (mo/day/year) _____

Personal Physician _____ Physician's phone # _____

Address of Policyholder _____

Home phone _____

Is your medical coverage through an HMO? ☐ Yes ☐ No

Is your medical coverage through a PPO? ☐ Yes ☐ No

Does your insurance policy cover "out of area" medical expenses (i.e. doctor's visits, specialists, MRIs, etc.)? ☐ Yes ☐ No

If NO, what is the limit of medical coverage? _____

Does it require a referral? ☐ Yes ☐ No If YES, physician must be listed above.
Does it require a co-pay? ☐ Yes ☐ No If YES, how much is it? _____

I agree that the above information is true and accurate. The signatures authorize Tabor College and the medical facilities I attend to obtain any insurance information and to file any athletic insurance claims. (Tabor College, the medical facilities, and the insurance agency can inspect or secure copies of case history reports, laboratory reports, diagnoses, X-rays and other data). A photo copy of this authorization will be deemed as effective and valid as the original.

Student-Athlete's Signature _____ Parent/Guardian's Signature _____

Return to Tabor College Student Life Office. Please see contact information above.