



Oblate School of Theology
San Antonio, Texas



OST HEALTH INSURANCE WAIVER FORM

In order to WAIVE OUT of the OST Consolidated Health Plan, all students must complete this waiver process by the published deadline each semester. Failure to do so results in automatic enrollment the OST Consolidated Health Plan (assuming eligibility).

Your eligibility to participate in the OST Consolidated Health Plan will be determined by the number of credit hours and types of courses that you enroll in each semester and may change as you Add/Drop classes.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

This waiver is to certify that I, the above named student, am waiving coverage of the health insurance plan offered to me by the Oblate School of Theology for coverage during **2019– 2020 academic year**. In addition, because I am waiving the CHP health insurance, I am guaranteeing that I will instead be covered by an independent health insurance plan which I will arrange myself.

Insurance Company Information

Insurance Company/Government Plan: _____

Insurance Company Address: _____

City: _____ State: _____ Postal Code: _____

Insurance Company Telephone Number: _____

Policy Holder's Information

Policy Holder's Last Name: _____

Policy Holder's First Name: _____

Policy Holder's/Subscriber ID Number: _____

Policy/Group Number: _____

Policy Holder's Telephone Number: _____

NOTE: Policy Holder is the primary person that the policy is under, such as parent, spouse, or student.