

Student Health Insurance

Dear BBC Parents and Students:

Students **may not register** for classes unless this form has been completed—by choosing one of the two options—and mailed to BBC.

Option One: Complete and sign the **Waiver Form**. You must attach a legible copy of both sides of your current insurance card if you choose this option.

Option Two: Complete the **Enrollment Form** for Student Health Insurance.

All students who live in the College dormitories and all students involved in athletic and/or intercollegic athletic events **must have** health insurance coverage that has at least \$75,000 of overall coverage which includes coverage of athletic injuries. If a student is not already enrolled in a health insurance plan, he or she may elect to obtain health insurance through the College. This coverage begins August 1 and concludes July 31. Open enrollment is August through September for the fall semester and January for the spring. Each student's school bill will be charged directly for the insurance premium. The student will be charged for five months of coverage in the fall (August through December) and for seven months of coverage in the spring (January through July.) Student must maintain **full-time status** in order to be eligible for Bollinger Insurance. If a student is not full-time in the spring semester they will only be charged for the first five months and will be dropped from the insurance plan as of January 1. If a student wishes to cancel the college-sponsored plan at any time they must provide the business office with proof of alternate insurance.

Student Health Insurance Rates

Single Students	\$130.00/month
Student and Spouse Only	\$341.00/month
Married and Family Coverage	\$442.00/month

These rates are subject to change annually in August

Bollinger Insurance administers the College-sponsored plan. It is an accident and sickness insurance plan, and there is an initial deductible of \$100 per individual per plan year and \$200 per family per plan year. After this, benefits are provided up to 80% of covered expenses to a maximum of \$2,000 and 100% thereafter not to exceed \$75,000 for accidental injuries or sickness. The maximum out-of-pocket expense is \$500 per individual and \$1,000 per family.

Information about specific benefits and exclusions is available at www.BollingerInsurance.com/baptist or by contacting the Student Health Plan Administrator at Bollinger Inc. (800.526.1379.) Questions may also be directed to the Business Office at BBC (570.585.9211.) We will be happy to assist you in any way we can.

Thank you for your cooperation and prompt reply.

The Business Office staff at Baptist Bible College

Student Health Insurance Options

Please choose one of the following options and return this form to:

Baptist Bible College, Attn: Business Office, 538 Venard Road, Clarks Summit, PA 18411.

Option 1: Health Insurance Waiver

I have equal or better coverage and do not wish to enroll in the College-sponsored health insurance plan.

Student Name (please print) _____ Student ID# _____

Policy Holder's Name _____ Relationship to Insured _____

Policy Holder's Home Phone (_____) _____ Group# _____

Insurance Company _____ ID# _____

Signature of Insured _____ Date _____

You must attach a legible copy of both sides of your current insurance card.

Option 2: Health Insurance Enrollment

I would like to enroll in the College-sponsored health insurance plan.

Student name _____ Student ID# _____

Student signature _____ Date _____

Status: College Graduate School Seminary
Coverage type: Student Student/spouse Student/family Effective Date _____

Student Information

Social Security Number _____

Birth Date _____

Street Address _____

City/State/Zip _____

Daytime Phone (_____) _____

Spouse Information

Spouse Name _____

Social Security Number _____ Birth Date _____

Dependent Information

List each child, with the oldest first. If age 19 or older, list only if a full-time student.

Dependent Name	S.S. Number	M/F	Birth Date	Relationship

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