

**The Chicago Theological Seminary**  
**Student Medical Insurance Waiver Form**

Name\_\_\_\_\_

Degree program\_\_\_\_\_ SS# \_\_\_\_\_

Name of Policy Holder\_\_\_\_\_

Name of Insurance Company\_\_\_\_\_

Group or Policy #\_\_\_\_\_

I agree to notify the Registrar's Office if any of this information changes:

Student Signature\_\_\_\_\_ Date\_\_\_\_\_