

# Insurance Affidavit

## Academic Year 2020-2021



Webber International University requires that every student participate in the student health insurance program offered by the university. We anticipate the price for the 2020-2021 academic year to be \$1,412.00 per semester for the primary student health care insurance and \$549.00 per semester for the athletic student health care insurance. The price is subject to change due to unforeseen external factors. To opt out of the university's primary student insurance plan and purchase the athletic student insurance plan, the student must prove coverage of an approved primary insurance plan. Approval of this plan is also dependent on the plan providing coverage that is equivalent to, or better than, the Webber International University primary health care plan.

In order to receive approval for the athletic student insurance plan, the attached Insurance Affidavit Form, copy of your current medical insurance and a copy of your medical insurance card must be submitted to the Webber International University Medical Insurance Committee. This form and supporting documentation must be submitted at least 30 days before the beginning of the semester. If this affidavit form is not received 30 calendar days or more prior to the beginning of the semester, you will be charged the mandatory primary medical insurance. A refund of the mandatory primary medical insurance will only be granted if this affidavit form and supporting documentation is received by the beginning date of the semester and is accepted by the Medical Insurance Committee.

The Webber International University Medical Insurance Committee must review this form and required documents submitted, before a decision is made on approval/denial of athletic coverage. Failure to maintain valid medical insurance will result in the student being out of status. At that point, the student will be charged for that semester the mandatory primary coverage student health insurance. If you knowingly lose your health insurance, you must contact the Student Medical Insurance Committee in writing at Webber International University and purchase the mandatory primary coverage school insurance. If the Student Medical Insurance Committee is not contracted within a week of losing medical insurance, Webber International University will not be responsible for any medical expenses that may occur.

Please submit the following documents to Webber International University:

- Insurance Affidavit Form
- A legible copy of your current medical insurance coverage/policy
- A legible copy of both sides of your medical insurance card

Please submit this to:

Webber International University  
ATTN: Student Medical Insurance  
P.O. Box 96  
Babson Park, FL 33827  
Fax: 863-608-9793  
[insurance@webber.edu](mailto:insurance@webber.edu)

## INSURANCE AFFIDAVIT FORM

1. Student's name: \_\_\_\_\_
2. Student's date of birth: \_\_\_\_\_
3. Student's social security number: \_\_\_\_\_
4. Student's home address: \_\_\_\_\_
5. Student's home phone number: \_\_\_\_\_
6. Student's cell phone number: \_\_\_\_\_
7. Student's email address: \_\_\_\_\_
8. Insured's parent's name: \_\_\_\_\_
9. Insured's parent's phone number: \_\_\_\_\_
10. Insured's parent's email address: \_\_\_\_\_
11. Insured's parent's date of birth: \_\_\_\_\_
12. Insured's parent's place of employment: \_\_\_\_\_
13. Insurance company: \_\_\_\_\_
14. Type of insurance: Employer:  health  pharmacy  both  
Individual:  health  pharmacy  both
15. Type of coverage:  single  family  employee and child  employee and spouse only
16. Insurance company address: \_\_\_\_\_
17. Insurance company phone number: \_\_\_\_\_
18. Insurance policy group number: \_\_\_\_\_
19. Insurance company member number: \_\_\_\_\_
20. Insurance policy effective date: \_\_\_\_\_

Please include a copy of the front and back of the insurance cards.

Insured's parent's name (print): \_\_\_\_\_

Insured's parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_