



**HEALTH INSURANCE
ACCEPTANCE/WAIVER FORM
2017-2018**

Name of Participant: _____

Social Security Number: _____

Date of Birth: _____

- I accept insurance coverage offered by Jesuit Volunteer Corps (JVC) Northwest.
- I decline the insurance coverage offered by JVC Northwest because I am already covered by another plan as a subscriber or a dependent.

Insurance Company: _____

Policy Number: _____

Name of subscriber (*if different from participant*): _____

I understand that if I do not accept coverage through JVC Northwest at this time, I may in the future if, through no fault of my own, I lose my other coverage and I apply for the plan within 31 days of the loss.

Signature

Date

Please return this form (and a copy of your current health insurance ID, if you are NOT accepting health insurance offered by JVC Northwest) to:

Rebecca Sutton-Kanyako PO Box 22125, Portland, Oregon 97269
Further questions? Email: rsutton@jvcnorthwest.org