

# NNU STUDENT HEALTH INSURANCE WAIVER

OFFICE USE ONLY

NNU ID# \_\_\_\_\_  
Session:  FA  SP Year \_\_\_\_\_

All undergraduate students will automatically be enrolled in the NNU Student Health Insurance Plan. If you have other health insurance, you may choose to waive this requirement by filling out the section below and **attaching a copy of your insurance card**. This form must be submitted with current information by the first day of class at the beginning of each school year (or the beginning of the spring semester if you are starting at NNU in the spring). **FAILURE TO SUBMIT THIS WAIVER BY THE DEADLINE WILL RESULT IN AN INSURANCE CHARGE ON YOUR STUDENT ACCOUNT.**

## STUDENT INFORMATION

Student's Name (First, Middle, Last) \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_

NNU ID# \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

## HEALTH INSURANCE INFORMATION (Please attach a copy of your insurance card)

I choose to waive the NNU Student Health Insurance because I have the insurance listed below.

This waiver is to go in effect for:  Fall 21  Spring 22

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Responsible Person \_\_\_\_\_

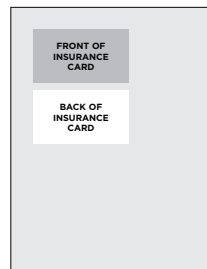
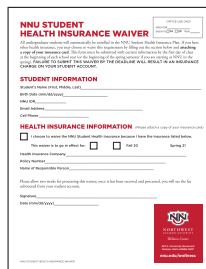
Please allow two weeks for processing this waiver; once it has been received and processed, you will see the fee subtracted from your student account.

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

**Please submit this form and a copy of your insurance card by scanning and emailing to [INSURANCEWAIVERS@NNU.EDU](mailto:INSURANCEWAIVERS@NNU.EDU) or FAX to 208.467.8675.**

Questions? Email us at [WELLNESSCENTER@NNU.EDU](mailto:WELLNESSCENTER@NNU.EDU)



NORTHWEST  
NAZARENE UNIVERSITY

*Wellness Center*

623 S. University Boulevard  
Nampa, Idaho 83686-5897

[nnu.edu/wellness](http://nnu.edu/wellness)