



JESUIT VOLUNTEER CORPS

Agreement of Understanding
Medical Insurance Registration
For Participation in JVC Health Insurance

I understand that:

- 1. JVC is providing me with health and dental insurance through Christian Brothers Employee Benefit Services from August 1, 2016 through July 31, 2017. Continuing coverage is not available after completion of JVC.
2. JVC covers coinsurance costs related to dental services up to the calendar year maximum established by Christian Brothers.
3. I am responsible for managing my insurance issues and medical/dental bills.
4. JVC covers reimbursement for medical/hospital/dental costs only up to the in-network provider rate.
5. It is my responsibility to use the maintenance drug process for any on-going prescriptions.
6. Vision coverage is not included in JVC reimbursements.
7. It is my responsibility to review Explanation of Benefits (EOBs) from Christian Brothers.
8. JVC reimbursement requests must be made within one month of the appointment/purchase.
9. I will need to submit an Explanation of Benefits (EOB) to JVC with select reimbursement requests.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Name (print): \_\_\_\_\_ JV Community City: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\*Must submit either this or the Medical Insurance Waiver form.

Please fax, mail, or scan & email this completed form to Nicole Cronin by July 18, 2016

801 Saint Paul Street, Baltimore, MD 21202

Fax: 410-244-1766 Email: jvhealthinsurance@jesuitvolunteers.org