JESUIT VOLUNTEER CORPS

Medical Insurance Waiver
For Domestic JV not enrolling in JVC Insurance

I_____ hereby decline the medical insurance coverage offered by JVC through Christian Brothers Employee Benefit Trust.

Since no person may participate in service through the Jesuit Volunteer Corps without insurance coverage, I attest that I will be covered by another policy listed below.

I understand that I am waiving my right to this medical coverage and that neither JVC nor my volunteer agency will be responsible for paying for or reimbursing me for any premium, co-pay, deductible, or any other medical or dental related charges incurred by me or on my behalf during the volunteer year.

_____ _____
Volunteer Signature Date

_____ _____
Volunteer Printed Name Volunteer House / City

Insurance Information: (or attach copy of insurance card)

Insurance Carrier: _____

Policy Number: _____

Patient ID: _____

Phone number of Insurance Carrier for verification: _____

***Must submit either this or the Medical Insurance Registration form.**

*Please fax, mail, or scan and email this completed from to Nicole Cronin by **July 20, 2016.***
801 Saint Paul Street, Baltimore, MD 21202
Fax: 410-244-1766 Email: jvhealthinsurance@jesuitvolunteers.org