



AMERICAN BAPTIST  
SEMINARY  
OF THE WEST

## Health Insurance Information Form

Students enrolled in nine (9) or more credits in any one semester are required to provide proof of health insurance. Please complete your information below:

Legal Name: \_\_\_\_\_

Program: \_\_\_\_\_

- I do currently have health insurance.

Name of Insurance Provider: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

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

- I do not currently have health insurance, but I will obtain insurance and provide the above information no later than September 30, 2019.

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

Please return this form to Kat A. Croswell, Registrar, or [kcroswell@absw.edu](mailto:kcroswell@absw.edu).