



# ***Lancaster Theological Seminary***

## ***Declaration of Health Benefit Coverage***

If you wish to have a record of this transaction, please print a copy for your files.

Student Name:	Today's Date:
Degree Program:	

Lancaster Theological Seminary strongly encourages all students to carry a health benefit plan for themselves and their dependents. Lancaster Seminary does not provide an infirmary or employ resident medical personnel. Health care is an individual responsibility for all students. Students must complete, sign and return this form to the Registrar. **This form should be updated as often as necessary when changes in health benefit status occur.**

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**Please check one of the following:**

While I am a student at Lancaster Theological Seminary, I will have health benefit coverage under the following:

Name of Insurance Plan:

Policy Number:

**OR**

I am not covered under a health benefit plan, and acknowledge that I accept full responsibility for my own health care costs.

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Signature of Student

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Date