



**Seminary Student
 Enrollment Form**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A Seminary Information		
Please check one. <input type="checkbox"/> Concordia Seminary 801 Seminary Place St. Louis, MO 63105 Phone: 314-505-7000 Account SEMSL		
<input type="checkbox"/> Concordia Theological Seminary 6600 North Clinton St. Fort Wayne, IN 46825 Phone: 260-452-2100 Account SEMFW		
B Student Information		
<input type="checkbox"/> Rev. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Other: _____		
Student's Name (Last, First, Middle Initial) _____		Previous Last Name (if applicable) _____
C	D	E Gender
U.S. Social Security Number _____	Canada Social Insurance Number _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MM/DD/YYYY) _____		
F		
Student's Address _____ _____ _____		
City _____	State _____	Zip Code _____
G Student Status (MM/DD/YYYY)		
<input type="checkbox"/> New Student - first day of class _____		
<input type="checkbox"/> Returning Student - first day of class _____		
H Marital Status (MM/DD/YYYY)	I	
<input type="checkbox"/> Single – Never Married _____ <input type="checkbox"/> Married, Date..... _____ <input type="checkbox"/> Widowed, Date..... _____ <input type="checkbox"/> Divorced, Date..... _____ <input type="checkbox"/> Legally Separated, Date _____	Home Phone Number _____ Cell Phone Number _____ Fax Phone Number _____ Email Address _____ Country in Which You Hold Citizenship _____	
J Spouse Information		
If you are married, please complete this section.		
Spouse's Name (Last - if different than yours, First, Middle Initial) _____ _____		
Date of Birth (MM/DD/YYYY) _____	U.S. Social Security Number _____	Canada Social Insurance Number _____

L Child(ren) Information

Your must complete this section to enroll your eligible child(ren). Dependent eligibility for the Concordia Health Plan (CHP) will be considered for :

- your biological, legally adopted, step, and foster child(ren)
- your child up to age 26, regardless of student, marital or disabled status (you may be required to submit a birth certificate or legal documentation)
- your unmarried totally disabled child(ren) who became disabled before attaining age 26 (subject to approval and you may be required to submit a birth certificate or legal documentation)
- in certain situations, grandchild(ren) or step-grandchild(ren). Contact Concordia Plan Services at 888-927-7526 for information.

THE FOLLOWING CHILD(REN) IS/ARE TO BE ENROLLED IN THE CHP:

- *If listing more children than space provided, attach sheet giving information as requested below.*
- *If adding a newborn, do not wait for a Social Security number (SSN) to be issued to add the child. Once the newborn's SSN is issued, submit it to Concordia Plan Services.*

Dependent's Full Name	Relationship	Date of Birth	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

M Concordia Health Plan (CHP) Enrollment

Application for enrollment must be made within 60 days of your initial eligibility date, otherwise late enrollment rules apply and coverage may be denied. All students in residential programs taking 7 credit hours or more, on vicarage, deaconess students during internship, students approved for a foreign exchange program, residential STM and PhD students carrying 6 or more credit hours, full-time residential students working on a dissertation or preparing for exams, and international students are eligible for and required to enroll themselves in the CHP, unless they provide an eligible opt-out reason. (Eligible opt-out reasons are listed in the "Reason for Non-Enrollment" section of this form.) Enrollment of eligible dependents is optional. If your spouse is on active duty in any military force of any country, they are not eligible to be enrolled as a dependent.

- YES, Enroll me in the CHP**
Check one class of coverage.
- Self Only (Class 1)
 - Self and Spouse (Class 2)
 - Self and Child(ren) (Class 3)
 - Self, Spouse, and Child(ren) (Class 4)
- NO, I do not wish to enroll in the CHP.**
Complete Section N below.

IMPORTANT NOTICE

If you and/or your spouse and/or eligible child(ren) do not enroll at this time, the "Reason for Non-Enrollment" section included in this enrollment form must be completed. Any future request for CHP enrollment for you and/or your eligible dependent(s) will be subject to the plan provisions in effect at the time coverage is requested, which may include having to wait for an open enrollment period or satisfying requirements for a special enrollment date.

N Reason for Non-Enrollment in the Concordia Health Plan

Place a check mark on the line next to the reason you, your spouse, or dependent child(ren) are declining CHP coverage.

Student	Dependent Spouse	Dependent Child(ren)	
_____	_____	_____	Covered under spouse's or parent's group health plan (coverage by virtue of employment, including military service).
_____	_____	_____	Covered as a dependent under my spouse who is also enrolled in CHP as a worker.
_____	_____	_____	Covered under a military plan (TRICARE) as a retiree, a state mandated health plan (e.g., Hawaii), or another country's mandatory health plan while residing outside the United States
_____	_____	_____	Covered under a Medicare supplemental plan or other government plan (e.g., Medicaid).
_____	_____	_____	Covered under a former employer's health plan or COBRA plan.
_____	_____	_____	Covered under non-LCMS employer's health plan.
_____	_____	_____	Purchased coverage through the Health Insurance Marketplace made available by the Affordable Care Act and was eligible for a Premium Tax Credit at the time such coverage was purchased.
_____	_____	_____	Other reason _____
_____	_____	_____	NA

O Student Signature

I verify that the information entered on this form is current and correct to the best of my knowledge. I understand that if I have elected coverage, the cost of participation is my responsibility according to the provisions of the Concordia Health Plan. Furthermore, I understand that the Seminary will collect the cost of the health coverage from me and remit the amount due to Concordia Plan Services on my behalf. I also agree to provide legal documentation of any dependent's relationship to me upon request. I agree to notify Concordia Plan Services immediately if any of my dependents' eligibility status changes in the future.

X

Signature of Student _____ Date _____

P Seminary Representative Signature

I verify that the information entered on this form is current and correct to the best of our knowledge. If the student has elected coverage, the Seminary agrees to obtain from him or her the cost for participation required according to the provisions of the Concordia Health Plan, and to remit the amount due directly to Concordia Plan Services on the student's behalf.

X

Signature of Authorized Seminary Representative _____ Date _____

Printed Name of Authorized Seminary Representative _____ Title or Office Held _____

Email Address _____ Daytime Phone Number _____

Terms of Special Enrollment

You and/or your eligible dependents may be able to enroll in the Concordia Health Plan at a later date under the special enrollment provisions if you decline CHP coverage due to coverage in another health plan.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the CHP if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment **as soon as possible but no later than 60 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment in writing **within 60 days** after the marriage, birth, adoption, or placement for adoption. Failure to enroll within the 60-day period may result in enrollment being delayed until the next open enrollment period.

To request special enrollment or obtain more information, contact Concordia Plan Services Customer Care Team at 888-927-7526.

Please retain this sheet for your records.