



Medical Insurance Questionnaire

Please fill out the following to help us provide you with medical insurance coverage

Full Name: _____

Date of Birth: _____

Social Security #: _____

Do you have medical insurance? Yes No

If "yes" provide name of insurance:

All our Diocesan Seminarians **MUST** have medical insurance coverage!! If you don't have medical insurance, one will be provided to you by the Diocese. The Diocese pays 75% of it and the remaining 25% is paid by you through your student loan. If you are covered through your own or your family's insurance the Diocese will pay only up to the 75% that it pays for the insurance provided by the Diocese. Once you are ordained a Deacon the Diocese pays for 100% of it.

*****PLEASE FILL THIS OUT AND RETURN TO OUR OFFICE
YOU CAN MAIL IT, FAX OR E-MAIL TO US*****

Fax #: (909) 783-0223
E-mail: rmonarrez@sbdiocese.org
Vocations Office
12716 Oriole Ave.
Grand Terrace, CA 92313