IMPORTANT! Any student wishing to waive out of the Student Health Insurance Plan must complete this form and return it to the College Accounting Office. You will automatically be covered under the Student Health Insurance Plan unless you complete and return this form by 9/30/09 for annual coverage. If you are waiving this coverage for Spring/Summer, then complete and return this form by 2/1/10. Insurance can only be waived in the semester in which it was billed.

WAIVER CARD

Social Security No._____

Student's Name_____ **Student No.**_____
Last First Middle

☐ I will not be joining the Student Health Insurance Plan for the current academic year because I have coverage comparable to the health benefits of the College Plan through my own or my family's membership in the following group or private policy:

Name of Insured_____ Relation to Student_____

Name of Insurance Company or Group_____ Policy or Group Number_____

Address of Company_____ Date of Expiration_____

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College and study abroad. I also understand that should I lose my health insurance protection, I will immediately notify the Health Center and make necessary arrangements to join the College sponsored plan for coverage.

Date _____ Signature X_____