

Supplemental Health Insurance Waiver Form
2009 Spring Semester

ALL STUDENTS MUST RETURN THIS FORM BEFORE Jan. 14, 2009

Student's Name (Please print)

Date of birth

*Name of Insurance Company (Leave blank if you do not have insurance)

Policy Number

*** Include a copy of your health insurance card, front and back to Financial Services.**

All full time Colby-Sawyer College students are required to have health insurance coverage. For students who do not have coverage through a family plan or for those who have insurance plans that do not offer sufficient coverage you may purchase Colby-Sawyer's Supplemental Health Insurance Plan for \$265.

_____ Yes, enroll student in the supplemental health insurance plan for \$265. I understand that coverage will be effective 1/19/2009 to 9/1/2009 and that the student will be billed \$265 on the Spring semester tuition billing statement.

_____ No, do not enroll student. Student has health insurance and WAIVES Colby-Sawyer's supplemental insurance and has provided this form and a copy of insurance card, front and back, before Jan. 14, 2009.

I understand that I have requested Colby-Sawyer College to waive its requirement that all students be required to carry medical insurance because the student named above is fully covered by my health insurance. I further understand this waiver is only valid for the Spring '09 academic semester and will not be granted unless the information requested is completed in full and both the student and financially responsible party sign the waiver request. **In addition, the insurance charge of \$265 will not be waived unless this waiver form is completed and returned by Jan. 14, 2009.**

Signature of Student

Date

Parent/Guardian Signature

Date

Please return this waiver form and your insurance card copy to:

Colby-Sawyer College
Financial Services Office
541 Main Street
New London, NH 03257