

WAGNER COLLEGE

STUDENT ACCIDENT & HEALTH PLAN HARD WAIVER REQUEST – Fall 2009

FAILURE TO READ THIS FORM MAY COST YOU \$210.00

All full-time undergraduate, resident and commuter students are required to carry health insurance while attending Wagner College. You will be billed \$210.00 for the Student Accident & Health Plan, unless you demonstrate that you have comparable health insurance and specifically waive coverage.

To decline coverage under the Wagner College Student Accident & Health Plan and avoid the \$210.00 charge to your account, you must:

1. Make a copy of your insurance card.
2. Fill out this form.
3. Return this form with the copy of your insurance card **before attending classes** via Fax # 718-420-4170
4. Please check one of the following boxes.
 - I decline enrollment in the Student Health Insurance Plan. I declare that I have comparable medical insurance coverage of no less than \$50,000 Medical benefit for accident or sickness, in force in the U.S.
 - I have read the descriptive material and am required to enroll in the Wagner College Student Accident & Health Plan because I have no primary insurance.
 - I have read the descriptive material and would like to supplement my existing coverage with The Wagner College Student Accident & Health Plan.

PLEASE PRINT INFORMATION BELOW

Student's Last name, First name

Student ID # Date of Birth MM/DD/YY

Name of Insured

Relationship to Student

Name of Insurance Company

Policy Number Group Number

Address of Insurance Company

Policy Expiration Date

I acknowledge that health insurance is required to attend Wagner College. I further acknowledge that a request to waive student health insurance **must be submitted every year** that I attend Wagner College. **Note: If this form is not returned, or if it is returned incomplete or after the deadline above, automatic billing of the health insurance fee may not be waived.**

Student Signature

Date

(Parent signature if student is under 18)