

COLLEGE OF ST. JOSEPH
2009-2010 Student Health Insurance Waiver Card

NOTE: All students wishing to waive coverage under the St. Joseph's College Student Health Insurance Plan must complete this card and return it by **September 1, 2009**, for the Fall Semester, or **January 12, 2010**, for the Spring Semester.

I hereby waive participation in the College of St. Joseph Student Health Insurance Plan and acknowledge that I am legally responsible for any and all medical expenses incurred by myself/spouse/son/daughter for the 2009-2010 Policy period at College of St. Joseph. I certify that I have comparable coverage as indicated below, which will be in force for the entire academic year.

Name of Insurance Carrier: _____ Policy No.: _____ Exp. Date: _____

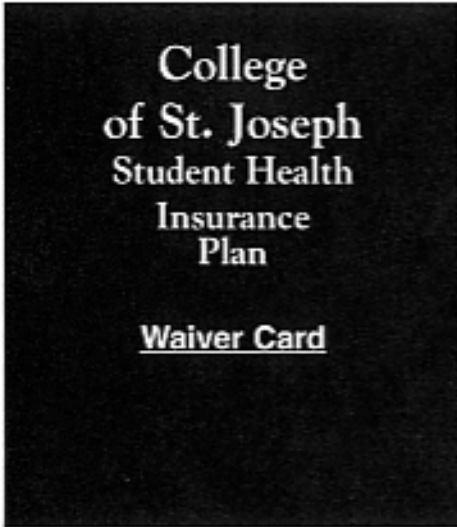
Policyholder's Name: _____ Relationship to Student: _____

Student's Signature: _____ Date: _____

(Parent or Guardian required if under age 18)

Please detach completed form and return to College of St. Joseph, Business Office.

FOR OFFICE USE ONLY:	
Date Recd:	Authorized Signature



IMPORTANT: College of St. Joseph requires students to participate in the Student Health Insurance Plan *unless proof of comparable coverage is indicated on the Waiver Card above and returned by the specific date.* Students who fail to respond will automatically be enrolled in the College of St. Joseph Student Health Insurance Plan for the entire academic year. Waivers will not be accepted after the specified deadline.

- Please complete the above Waiver card and return the top portion only to the **Business Office** by **September 1, 2009 (Fall Semester)** and **January 12, 2010 (Spring Semester)**. Waivers received after this date will not be valid.