



## WJU INSURANCE WAIVER

Information on tuition, fees and a health insurance premium for the academic year can be found on the internet at [www.jessup.edu](http://www.jessup.edu) under "Current Students", Fall 2006-2007 registration forms and documents.

If you have current private health insurance coverage, you must complete the request for Health Insurance Waiver, bring in your medical card to be copied front and back, and provide a summary of benefits sheet before the charge will be deducted from your account. Submit this application and attachments to Lynn Hallimore in Student Life for approval. Deadline for the waiver to be filed is August 7, 2006. **NO WAIVERS WILL BE ACCEPTED OR PROCESSED AFTER AUGUST 7, 2006.**

If your coverage is approved, then we will deduct the cost of Student Medical Insurance from your account.

It is the students' responsibility to report any and all changes to the private health insurance coverage.

### APPLICATION FOR WAIVER

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Current Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Relationship of Policy Holder to Student: \_\_\_\_\_

I certify that I am currently participating in the above insurance policy and will continue to participate throughout the school year. I further understand that by my submitting this waiver request, I am adhering to WJU's policy which requires all students to have health insurance coverage.

Authorization: My signature below affirms that all of the information provided is accurate. I further release William Jessup University from any liability related to my health care because of this exemption. My signature below authorizes the Student Life Office to obtain verification of my coverage and benefits through consultation with my insurance carrier, who I agree, has my permission to provide such verification.

**Falsifying Information is a Violation of Institutional Policy AND MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**REMINDER:** If your completed waiver form is not on file by the deadline, **August 7, 2006**, the insurance fee will not be removed. **Once your waiver is submitted, you should be notified that it has been accepted within five working days.**