

HEALTH INSURANCE WAIVER CARD 2013-2014

Student Name:	SS#:
understand that I am legally resp my enrollment at the University	versity sponsored health insurance plan. I fully bonsible for any medical expenses incurred during and that the University will not be responsible for ently covered by the following policy:
Insurance Company Name:	POLICY #:
Signature:	Date:

IMPORTANT: Please return this waiver card to the University as soon as possible.