

Return form to:

Wabash College Business Office
301 West Wabash Avenue
Crawfordsville, IN 47933-0352
Telephone (765) 361-6421
Fax (765) 361-6433

Date: _____

Please deliver this page to: Cathy VanArsdall

From: _____

Relationship to student: _____

In order to WAIVE the Student Health Insurance, you must complete the WAIVER below. Fax or mail this page to the Business Office at the above number or address.

FINAL DATE waivers will be accepted is close of business AUGUST 30, 2007.

WAIVER

All men registered as full time students for the fall semester are automatically covered under the Wabash College Student Insurance Plan. The premium (\$540) for twelve month coverage is added to first semester fees, unless the parent, guardian, or student (if 18 or older) specifically requests exclusion below and returns this card to the Wabash College Business Office on or before August 30, 2007.

I understand that all students are required to be covered by a health insurance policy. By waiving the Wabash College Student Health Insurance, I certify that the student is covered by the policy noted.

Do not include: _____
(student's full name)

Policy No.: _____ (Please include front and back copies of current insurance card. If at any time during the year the primary insurance carrier changes, please send front and back copy of new insurance card.)

Company: _____

Date: _____ Signature: _____