Send FAX number: (765) 361-6433

Wabash College Business Office
301 West Wabash Avenue
Crawfordsville, IN 47933-0352
Telephone: (765) 361-6228

Date: ___________________
Please deliver this page to: Terri Fyffe or Cathy VanArsdall
From: ___________________________________________
Relationship to student: __________________________

In order to CANCEL the Student Insurance, you must complete the WAIVER CARD below. FAX or mail this ‘completed’ page to the Business Office at the above number or address.

FINAL DATE student insurance waivers will be accepted is close of business on Wednesday, August 30, 2006.

WAIVER CARD

All men registered as full time students for the fall semester are automatically covered under the Wabash College Student Insurance Plan. The premium ($404.00) for twelve month coverage is added to other first semester registration fees, unless the parent, guardian, or student (if 21 or older) specifically requests exclusion below and returns this card to the Wabash College Business Office on or before August 30, 2006.

I fully understand that if the student participates in intercollegiate athletics, I may not waive this student insurance coverage. Additionally, international students may not waive this insurance unless formally excused by the Dean of Students.

Do Not Include: _____________________________
[ ] has other hospital coverage
[student’s full name]                      [ ] other reason

Date: ___________________          Signature: ____________________________________