Fresno Pacific University 2006-2007

STUDENT INSURANCE WAIVER CARD DEADLINE: SEPTEMBER 30, 2006

STUDENTS: You must complete and return this form if you are NOT participating in the school insurance plan.*

Student Name _____ _____SS# OR PID# _____

First Middle Last

Date of Birth: _____

I will not be joining the Fresno Pacific University sponsored student insurance plan because I have coverage comparable to the health benefits of the University plan through the following group or private policy:

INSURANCE COMPANY: _____ POLICY # _____

I fully understand that I am legally responsible for any medical expenses. It is also understood by me that if I lose my medical insurance protection, I will notify Fresno Pacific University and make necessary arrangements to join the University sponsored voluntary plan within 30 days.

***WAIVER IS ONLY VALID WHEN ACCOMPANIED BY A COPY OF BOTH SIDES OF YOUR INSURANCE CARD OR A LETTER FROM YOUR INSURANCE COMPANY OR EMPLOYER. This waiver is only effective for the 2006-2007 policy year. Mail waiver to Fresno Pacific University, 1717 South Chestnut Avenue, Fresno, CA 93702.**

DATE _____ SIGNATURE _____