PRESBYTERIAN COLLEGE
Student Insurance Waiver Card
2009-2010

IMPORTANT: This card must be completed and returned to: Department of Student Life, Presbyterian College, 503 South Broad Street, Clinton SC 29325-9989 no later than August 18, 2009. For those students who enter school for the Spring Semester, the waiver card or enrollment card must be returned by January 8, 2010

	Annual	Spring/Summer
	8/18/09 - 8/18/10	1/5/10 - 8/18/10
Students age 22 and under	$493	$335
Students age 23 and over	$721	$488

☐ I will not be joining the **PRESBYTERIAN COLLEGE** sponsored student health insurance plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the School and that the School will not be responsible for any medical Expenses with the exception of varsity athletes. I am currently covered under the following policy:

Student Name: _____ **Social Security #:** _____

Insurance Company: _____ **Policy Number:** _____

Signature: _____ **Student ID #** _____ **Date:**_____