

Deadline for Enrollment or Submitting Waiver: Fall 08/18/09 - Spring 01/12/10
Send the entire page back to the Student Billing Office at St. Andrews Presbyterian College, 1700 Dogwood Mile, Laurinburg NC 28352."

ENROLLMENT FORM - Athletic Insurance Plan

Please Print

Student's Name: _____ S.S. #: _____
Last First Middle

Home Address _____

Plan Premium Student	Annual Premium \$862.00	Spring Premium \$630.00
---------------------------------	------------------------------------	------------------------------------

Signature: _____ Date: _____

NOTE: This policy is available to NCAA athletes ONLY.

*****Complete only one of these forms. Mark an X through the one you do not want*****

WAIVER FORM - Athletic Insurance Plan

Please Print

Student's Name: _____ S.S. #: _____
Last First Middle

Campus Address: _____ City: _____ State: _____ ZIP: _____

Home Address _____

Country _____

I hereby request cancellation of the Student Injury and Sickness Insurance arranged by St. Andrews Presbyterian College. I understand that in order to qualify for cancellation of my student insurance coverage I must have equal or better coverage with another insurance carrier and that my current carrier covers athletic injuries at the NCAA participation level. I understand that if my current carrier does not cover athletic injuries, I will be liable for any medical bills that may be incurred due to an athletic injury. Proof of my current insurance coverage is as follows:

Name of Insurance Co.: _____ Policy Number: _____

Is this an HMO/PPO Plan? Yes No If yes, have you located area providers? This should be done prior to submission.

Insurance Company Address or Phone #: _____

City: _____ State: _____ ZIP: _____

Subscriber's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Student's Signature: _____ Date: _____

NOTE: You must attach a letter from your insurance company stating limits of athletic coverage.