

**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 - Domestic Insurance Plan**

Please Print

Student's Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

**Plan Premium  
Student**

**Annual Premium  
\$465.00**

**Spring Premium  
\$233.00**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This policy is not available to NCAA athletes or international students.**

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

**WAIVER FORM - Domestic 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. 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: This policy is not available to NCAA athletes or international students.**