

IMPORTANT – We must receive a signed waiver by the dates below. Failure to complete the waiver by these dates will result in the charge remaining on the account and the student enrolled in the plan for the entire year.

Fall Semester – Insurance Waiver must be received by August 26, 2009

Spring Semester (Only students who were not enrolled in the Fall Semester) – Must be received by January 30, 2010

Earlham College 2009-2010 Student Injury & Sickness Insurance Plan Waiver

The College assumes all full-time students will be covered by the Student Injury & Sickness Insurance Plan. Students may only waive coverage by completing the comparable insurance coverage information below. *If you wish to waive coverage, please complete this Student Injury & Sickness Plan Waiver and return it with your payment.* Participation in the Plan at the cost of \$180 (\$102 for Spring Semester) will be automatic unless this waiver is completed and returned to the Accounting Office. For further information on the Plan, please refer to the plan brochure.

I, (student name) _____, (ID#) _____, wish to waive the Student Injury & Sickness Insurance Plan because I have comparable coverage through other means.

Student Signature: _____ Date: _____