

THOMAS COLLEGE
STUDENT INSURANCE WAIVER CARD 2008–2009

Please print

Student's Name _____
Last First MI SS#

I will not be joining the Student Accident and Sickness Insurance Plan for the current academic year. I have coverage comparable to the benefits offered by Thomas College through my own or my family's membership as follows:

PLEASE ENCLOSE A COPY OF YOUR INSURANCE CARD WITH THIS WAIVER

Name of Insured _____ Relation to Student _____

Name of Insurance Company _____ Policy or Group No. _____

I fully understand that I am legally responsible for any medical expenses during my enrollment at Thomas College. I also understand that should I lose my Health Insurance protection, I will immediately notify the Student Financial Services Office of the school and make necessary arrangements to join the Plan sponsored by Thomas College.

Signature _____ Date _____

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