

**WASHINGTON COUNTY COMMUNITY COLLEGE  
STUDENT INSURANCE WAIVER CARD 2009–2010**

**DEADLINE TO WAIVE INSURANCE: September 11, 2009 (Fall) • January 22, 2010 (Spring)**

It is essential to have accident and sickness insurance while attending Washington County Community College.

**Signing and filing of this form constitutes refusal of student group accident and sickness insurance.** If you refuse student accident & sickness insurance you must provide evidence of other insurance with a minimum coverage of \$5,000 for accident and sickness. Upon cancellation of other insurance it is the student's responsibility to notify the College immediately. A waiver card must be completed once every academic year, regardless of point of attendance.

Print Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Student Signature \_\_\_\_\_

WC-J3A10

Insurance Company Name \_\_\_\_\_ Date \_\_\_\_\_

Policy Number \_\_\_\_\_

College Program Student is Enrolled in \_\_\_\_\_

Accepted/Declined: \_\_\_\_\_

College Authorization Signature

Date