

STUDENT INSURANCE WAIVER FORM

2011-2012 Our Lady of the Lake University Student Accident and Sickness Insurance Plan

International students and students participating in intercollegiate may waive enrollment in the insurance plan by completing this form and returning it to the University Business Office.

Student's Name _____ Date ____ / ____ / ____
(Please Print) (Last) (First) (MI)

Birthdate ____ / ____ / ____ SSN # or Student ID # - -
MM DD YY

Street Address _____ City _____ State _____ Zip _____

Insurance Company _____ Policy Number _____

Expiration Date of Student's Coverage ____ / ____ / ____ Telephone Number of Claims Office _____

Sport(s) Participating in: _____

I understand Our Lady of the Lake University is not responsible for medical care costs incurred by students.

Signature of Student (not a minor) or Parent or Guardian

Date (MM/DD/YY)