

PACIFIC UNIVERSITY
2006-2007
WAIVER FORM

Domestic Full-Time Students - who want to waive coverage will need to complete this form **Five (5) days prior to the start date of your academic year** and return the Completed form with Proof of Comparable Coverage to the University Business Office for Approval.

International Full-Time Students - waiver may only be granted to students already insured under other government or embassy sponsored Plans by completing the waiver form **Five (5) days prior to the start date of your academic year**. Return the Completed form with Proof of government or embassy sponsored Insurance to the University Business Office for Approval.

Student's Name: _____
Last First Middle

Social Security Number: _____ Student ID Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of Insurance Co.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy Number: _____

Subscriber's Name on Policy: _____

Subscriber's ID Number: _____

I will not be joining the Pacific University Student Health Insurance Plan. I fully understand that I am legally responsible for all of my medical expenses incurred during my enrollment at the University and that the University will not be responsible for any of my medical expenses.

Student Signature: _____
(Or Signature of Parent if under Age 18)

For use by the Business Office Only.

Waiver Received on: ____/____/____ Received By: _____

Name of Student: _____

Student School ID #: _____ SSN#: _____

Name of Insurance Company: _____