

ELIZABETHTOWN COLLEGE INSURANCE WAIVER CARD

2009 - 2010

Student Name _____

Student I.D.# _____

I will not be joining the Elizabethtown College sponsored student health insurance plan underwritten by Monumental Life Insurance Company. I fully understand (1) that the College requires that I be covered by health insurance, (2) that I am legally responsible for any medical expenses incurred during my enrollment at the College and (3) that the College will not be responsible for any medical expense. I am currently covered under the policy:

Insurance Company Name _____ Policy # _____

Signature _____ Date _____

(Student, Parent or Guardian)

IMPORTANT: Your account has been charged with the insurance premium. To waive the insurance, this card must be completed and returned to the Elizabethtown College Business Office with your tuition payment no later than **August 15, 2009**. **There will be no additional opportunities to waive this insurance.** The College reserves the right to require participation in its sponsored plan if your coverage is determined to be inadequate.