



ECKERD COLLEGE

Health Insurance Waiver Card

We have read the descriptive material and **do not** wish to enroll the below-named student in the Supplemental Accident and Sickness Insurance offered by Eckerd College. We understand that we will be financially responsible for all medical claims incurred by the student named below.

_____, a full-time registered student at
(Student Name) (Eckerd ID)

Eckerd College is covered by medical insurance under Policy/Certificate# _____

as provided by _____
(Name of Insurance Company) (Telephone)

(Insurance Company Address)

in the name of _____
(Signature of Parent/Guardian/Spouse) (Telephone)

Student Signature

Date

This waiver form must be completed, signed and returned to Eckerd College. The deadline dates are as following: August 13, 2010 for students who begin in the Fall semester, January 3, 2011 for students who begin in the Spring semester. Failure to return the form by the specified due dates will cost \$155 for Domestic students and \$575 for International students (**Non-Refundable**).