



WAIVER CARD

STUDENT ACCIDENT & HEALTH INSURANCE

Student's Name _____ Soc. Sec. # _____
Last First Middle Initial Day Phone # _____

I will **not** be joining the Student Accident & Health Insurance Plan of Middlesex County College for the current academic year because I have coverage comparable to the accident & health benefits of the College Plan through my own or my family's membership in the following group or private policy:

Named Insured _____ Relationship to Student _____

Name of Insurance Co. or Group _____ Policy or Group # _____

Address of Company or 800 # _____

Date of Expiration _____ or continuous (please check)

I fully understand that I am **legally responsible** for any medical expenses incurred during my enrollment at the College. I also understand that should I lose my accident & health insurance protection, I will immediately notify the cashier **and make necessary arrangements to join the Plan**. I authorize the College to contact the above named insurance company to confirm coverage.

Date _____ Student's Signature _____

Please Note: Waiver must be submitted to the Cashier's Office within the first 14 days of the semester.