

HEIDELBERG COLLEGE
Tiffin, Ohio

2006–2007

WAIVER REQUEST—STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

I have read the details concerning the Student Accident and Sickness Insurance Plan now being made available to the students of Heidelberg College and DO NOT wish to participate since I have adequate coverage through:

(Insurance Company)

(Policy Number)

Therefore, kindly, delete this charge from my account.

Student's Name: _____
(Please Print)

Signed _____
(Student, Parent or Guardian)

Students desiring to waive the Insurance Program must complete and return this request to the Business Office no later than September 1, 2006 or a charge of \$579.00 will automatically remain on your account.

WC-M3A04