



Student Health Insurance Waiver Form

This form must be completed by students desiring to waive the Student Health Insurance and must be received by the Student Health Center by the 12th class day. **Please do not FAX.** If this waiver form is not received by the deadline then you will be enrolled and billed automatically for the St. Mary's University Student Health Insurance Plan. Incomplete waivers will not be accepted. *International F1 students* will not be allowed to waive the Student Health Insurance Plan. Late waivers and waivers not accompanied by a photocopy of the insurance card will not be accepted. **This waiver form must be submitted at the beginning of each academic year.** It is the student's responsibility to let us know of any changes to health insurance coverage.

WAIVER FORM

Academic Year 2005-06

Check one of the following: Living On Campus Living OFF Campus International Student

Name of Student _____

Social Security Number _____ Student ID Number _____

Home Address _____

Campus Address _____ Campus phone # _____

Must provide front & back copy of Insurance Card

Name of Insurance Company _____

Customer Service or Benefits Phone Number _____

Group Number _____ Policy Number _____

Policyholder's Name (if not student) _____ Relationship _____

Effective Dates (if applicable): _____

San Antonio Physician: Name _____ Phone Number _____

San Antonio Participating Hospital: Name _____ Phone Number _____

I choose to waive the student health insurance plan being made available to students at St. Mary's University because I have adequate coverage under a similar plan that will stay in effect for the entire academic year.

Signature: _____

Date: _____

RETURN TO:
Student Health Center, Box #45
One Camino Santa Maria
San Antonio, TX 78228 (210) 436-3506

FOR UNIVERSITY USE ONLY

Received: _____ **Complete: YES NO** **Logged:** _____