

All students enrolled full-time are covered by a student accident and health insurance policy. The premium for this insurance is now included in the cost of tuition. The student accident and health insurance coverage may be waived if the student has other insurance and completes the Insurance Waiver Form located below. This form requires you to provide proof of accident and health insurance. If the Insurance Waiver Form is properly completed and submitted to Student Accounts with the required proof of insurance by the end of drop/add for fall semester, the premium for fall semester (and spring semester if requested) will be credited to the student's account. **Waiver forms, accompanied by the required proof of insurance, must be submitted by the end of drop-add fall semester in order for the cost of the insurance to be credited to your account.**

EMMANUEL COLLEGE
WAIVER REQUEST—STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

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

_____ (Insurance Company) _____ (Policy Number)

Therefore, kindly credit this premium to my account.

Student's Name _____ (Please Print)

Signed _____ (Student, Parent or Guardian) _____ (Date)

Students desiring to waive the Insurance Program must complete and return this request along with a copy of your current Insurance Card to the Accounting Department no later than **the last day of Drop/Add of each semester**. Once received your account will be credited \$62.50.

For questions, please contact: Rebecca Bruce at 706-245-2807 or rbruce@ec.edu.

FOR OFFICE USE ONLY

Waiver Request and Proof of Accident and Health Insurance

Received By: _____ Date Received: _____