

MARYGROVE COLLEGE
2010 – 2011 INSURANCE WAIVER CARD

Student's Name _____ SS# _____

I am not purchasing the Student Insurance coverage for the 2010–2011 academic year, because I have comparable coverage to the benefits of the College Plan through the following qualifying policy:

Group Name _____ Group No. _____

Name of Insurance Company _____ Policy No. _____

Address of Insurance Company _____

I fully understand that I am responsible for any medical expenses incurred during my enrollment at the University, and the University will not be responsible for any medical expense.

Date _____ Signature _____

NOTE: RESIDENTIAL AND INTERNATIONAL STUDENTS WHO DO NOT RETURN THIS CARD BY 9/10/10 WILL BE AUTOMATICALLY ENROLLED IN THE STUDENT HEALTH INSURANCE PLAN AND BE CHARGED THE PREMIUM. PLEASE RETURN THIS CARD BY THE DEADLINE TO:

Department of Athletics, Wellness & Recreation
MC 040
David Sichterman, Director

Marygrove College
8425 W. McNichols Rd.
Detroit, MI 48221

Phone: 313-927-1391
email: dsichterman@marygrove.edu