



**American Jewish University
Insurance Waiver 2010-2011**

IMPORTANT: HEALTH INSURANCE IS REQUIRED FOR ALL MATRICULATING STUDENTS. Proof of insurance includes **returning this completed form with proof of coverage (insurance card) to the Office of Student Affairs.**

Students with incomplete paperwork will be **automatically enrolled** in the university health plan and **billed accordingly** (Fall Semester- September 28, 2010, Spring Semester- February 4, 2011).

WAIVER MUST BE RENEWED IN THE FALL AND SPRING SEMESTERS OF EACH ACADEMIC YEAR.

Student Name: _____

SSN#: _____ Email: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Student Telephone: _____

I OPT TO WAIVE COVERAGE UNDER THE 2010-2011 AMERICAN JEWISH UNIVERSITY STUDENT HEALTH INSURANCE PLAN, WITH THE UNDERSTANDING THAT I MUST PROVIDE AMERICAN JEWISH UNIVERSITY WITH PROOF OF COMPARABLE COVERAGE. I AM CURRENTLY COVERED UNDER THE FOLLOWING POLICY:

INSURANCE COMPANY NAME: _____

SUBSCRIBER NAME: _____
(Name on Policy)

RELATION TO STUDENT: _____
(Spouse, Parent/Guardian, Self)

POLICY#: _____ GROUP#: _____

PHONE#: _____

Student Signature: _____ Date: _____

Received by: _____ Date received: _____

C.A.M.S. entry by: _____ Date C.A.M.S. entry: _____