

ATTENTION --- INSURANCE INFORMATION

Please read the information carefully. **IF YOU DO NOT WISH YOUR SON TO BE COVERED** by the Student Accident Insurance, **YOU MUST COMPLETE THE WAIVER** below and return this sheet to the Business Office **BY SEPTEMBER 1** --- otherwise your son will be automatically covered.

STUDENT ACCIDENT INSURANCE WAIVER OF BENEFITS

I do not wish to carry Student Accident Insurance on _____
and I waive all rights to benefit under the policy. The student is covered
under the following Health Insurance Policy number: _____.

Signature

Date

Academic Year

**THIS STUB MUST BE COMPLETED AND RETURNED TO THE
BUSINESS OFFICE BY SEPTEMBER 1, otherwise the student
will be automatically covered for Student Accident Insurance.**

Internet form