

**CHOWAN UNIVERSITY**  
**STUDENT INJURY & SICKNESS WAIVER CARD**  
**2011-2012**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Please Print)

**TO ALL FULL-TIME STUDENTS:** Please complete this form and return to the Business Office in the envelope marked "Insurance Waiver" no later than September 2, 2011. Students entering school for the spring semester must return this information by January 20, 2012. Your account has been charged with the Basic Medical Benefit premium. To waive this charge you must provide proof of coverage with another carrier. If this card is not received by the specified date above, the charge will not be reversed.

Please check one of the following:

- I **would like** to enroll in the Basic Medical Benefit plan for the 2011-2012 school year.
- I **will not** be joining the Chowan University sponsored student insurance plan. I am currently protected by the carrier and policy listed below. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at Chowan University and that Chowan University will not be responsible for any medical expenses.

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_