

WAIVER FORM

OSWEGO STATE UNIVERSITY - STUDENT ACCIDENT AND SICKNESS INSURANCE – 2007-2008

In order to remove the Student Accident and Sickness Insurance premium charge from your tuition bill, students must demonstrate that they are covered under another insurance policy. Complete this Waiver Form and return it with proof of satisfactory coverage (**for example a copy of your policy or insurance card**) to: **Auxiliary Services, 507 Culkin Hall, Oswego State University, Oswego, NY 13126.** Or Fax completed waiver and copy of insurance card to 315-312-3310.

This charge can be removed from your bill by returning this waiver form to Auxiliary Services no later than **September 15, 2007.**

STUDENT'S NAME: _____ SS# _____
(PLEASE PRINT) (LAST) (FIRST) (MI)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

OTHER INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____
POLICY NO. _____
NAME OF POLICYHOLDER: _____
RELATIONSHIP TO INSURED: _____
If Parent, to what age are dependent children covered? _____ Student's Date of Birth _____
I certify that I am currently insured under the above insurance policy and will continue to be insured throughout the 2007-2008 school year. I understand that if I waive the coverage under the Oswego State University policy I will be responsible for my medical expenses and neither the University nor its student health insurance program will be responsible.

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF POLICYHOLDER: _____ DATE: _____