WAIVER FORM

OSWEGO STATE UNIVERSITY - STUDENT ACCIDENT AND SICKNESS INSURANCE – 2009-2010

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**. Fax # 315-312-3310 Waivers are due by Sept. 15, 2009

STUDENT'S NAME: _____STUDENT ID #_____

(PLEASE PRINT) (LAST) (FIRST) (MI)

ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)

OTHER INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____
SUBSCRIBER IDENTIFICATION NUMBER _____

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 2009-2010 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: _____