

2019-2020 WAIVER FORM

OSWEGO STATE UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE

In order to remove the Student Accident and Sickness Insurance premium charge from the tuition bill, students must demonstrate that they are covered under another insurance policy. Complete this Waiver and return it with a copy or picture of the front of the insurance card to: **Auxiliary Services, 507 Culkin Hall, Oswego State University, Oswego, NY 13126.**

STUDENT'S NAME: _____ STUDENT ID # _____

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

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

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____

SUBSCRIBER IDENTIFICATION NUMBER _____

NAME OF POLICYHOLDER: _____

POLICYHOLDER'S RELATIONSHIP TO INSURED: _____

To what age is the student covered under this policy? _____ 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 2019-2020 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: _____

Please return this waiver with proof of satisfactory coverage to Auxiliary Services no later than September 15, 2019

These can be emailed to inswaiver@oswego.edu or faxed to (315) 312-3310

Any questions can be emailed to inswaiver@oswego.edu

A waiver needs to be completed each Fall the student wishes to waive the insurance.

Please affix insurance card here.
Scan or take a picture of the front of the
card and send to email address listed
above.