

MFA PROGRAM - Webform
ENROLLMENT / WAIVER FORM
Accident & Sickness Insurance
Spring Start Policy Period: January 1 – December 31
Fall Start Policy Period: June 15 – December 31

All students must complete this Form by choosing Enrollment or Waiver Option

New Jersey State regulation requires that all students enrolled in Full-Time study must have current health insurance coverage. In compliance, all Full-Time MFA students have been billed for a policy through University Health Plans, Inc. If you are not covered by another policy or choose to keep this coverage, please indicate below that you agree to be enrolled. Those students who have equivalent coverage through another policy may choose to waive this insurance by indicating below which certifies equivalent coverage with claims processing in the U.S.A.

Student ID: _____ Name: _____

One option must be chosen below (please initial):

_____ **ENROLLMENT** – I am not covered by another health policy and understand that I must be enrolled in this policy through Drew University.

_____ **ENROLLMENT** – I am currently covered by another policy but would like to enroll in the policy through Drew University as an added benefit.

_____ **WAIVER** – I am currently covered by another policy and would like to opt out of the policy through Drew University. I acknowledge that I am legally responsible for any and all medical expenses for this policy period at Drew University. I certify that I have comparable coverage as indicated below, which will be in force throughout this policy period.

Current Insurance Information (* required field):

* Company Name: _____

* Company Address: _____

* Insurance Country: _____

* Subscriber Name: _____

Group Number: _____

* Subscriber ID #: _____

* Subscriber Relation: _____

Student Signature

Date