

University Health Plans, Inc. for Drew University
WEB FORM WAIVER
MAT Summer Semester
Accident & Sickness Insurance

Policy Period: Start of MAT Summer Term through August 15

New Jersey State regulation requires that all students enrolled in Full-Time study must have current health insurance coverage. In compliance, all MAT students have been billed for an interim summer policy through University Health Plans, Inc. Those students who have current and equivalent coverage through another policy may waive this insurance by completing the waiver form below which certifies current and equivalent coverage with claims processing in the U.S.A. Upon receipt of this waiver the charge for Accident & Sickness Insurance will be removed from your summer bill. The waiver must be submitted to the Business Office prior to the start of the MAT Summer Term.

STUDENT INFORMATION (*required field)

First name: * _____
Last name: * _____
Social Security Number: * _____
Date of Birth (MM/DD/YY): * _____

OTHER INSURANCE INFORMATION (*required field)

Insurance Company Name: * _____
Group Number: _____
Insurance Address: * _____
Insurance Address (cont): _____
Insurance City: * _____
Insurance State: * _____
Insurance Zip: * _____
Subscriber Name: * _____
Subscriber ID Number: * _____
Subscriber relation: * _____

I hereby waive participation in the Drew University Student Health Insurance Plan for the summer term and am therefore not required to pay the summer premium. 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 current and comparable coverage as indicated above, which will be in force throughout this policy period.

Signature: _____ Date: _____