COLUMBIA INTERNATIONAL UNIVERSITY STUDENT HEALTH INSURANCE WAIVER CARD

Deadline for Waiver Application is September 05, 2003

Columbia International University requires that each student participate in the Student Accident & Health Insurance Program unless proof of comparable coverage is submitted as indicated below:

Student's Name: _____ I.D. #: _____
Last First MI

Home Address: _____ City: _____ State: _____ Zip: _____

Proof of my current insurance coverage is as follows:

Name of Insurance Co.: _____ Policy Number: _____ _____

Address: _____ City: _____ State: _____ Zip: ____ _____

Subscriber's Name on Policy: _____

Self:_____ Spouse: _____ Parent: _____

I hereby request waiver of the Student Accident and Sickness Insurance and acknowledge that I am legally responsible for any and all expenses incurred by myself/son/daughter during my/his/her enrollment at Columbia International University.

Signature: _____ _____

(Student's Signature or Parent's Signature if Student is under Age 18)

Return to: **Columbia International University Health Services Center, P.O. Box 3122, Columbia, SC 29203**