COLUMBIA INTERNATIONAL UNIVERSITY STUDENT HEALTH INSURANCE WAIVER CARD
2004 to 2005

The deadline to submit the Student Health Insurance Waiver Card is September 10, 2004.

Columbia International University requires that each student participate in the Student Accident and Health Insurance Plan 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 Health Insurance Plan and acknowledge that I am legally responsible for any and all expenses incurred by myself/son/daughter during my/their 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 29230