Notre Dame College Health Insurance Waiver Card for 2010-2011

*Important: All traditional full-time undergraduate students are charged for health insurance. If you are covered under another health insurance plan, you may waive this charge by completing the information below and returning to the Student Services Center by 9/20/10. Incomplete forms will be returned to the student.

Student Name					
Student Name: I	Last	First	M.	Social Secu	rity Number
health ins	urance pl		age comparable t	ish to participate in the c o the benefits in the Notr	
Subscriber Name:			Relati	ion to Student:	
Name of Insuranc	e Compan	y:	Policy	/ #:	ID#
Address of the Co	mpany:	> \	Subsc	ribers SSN:	
Is this an HMO?		yes/no	Pre-C	ertification Required:	yes/no
enrollment at N	IDC. I un tify NDC a	derstand that and make nece	should I lose n	nedical expenses incur ny health insurance p nents to join the NDC H	rotection, I wil
Student 6			 Date	Office Use: CARS_	Copy