

Goucher College

Insurance Waiver/Selection Card 2006-2007

Important: Your account has been charged with the insurance premium. Please indicate below if the Student is selecting or waiving the Goucher College Health Insurance Plan. Regardless of your decision, return this card to Student Administrative Services at Goucher College.

STUDENT'S NAME

SOCIAL SECURITY NO.

1. Yes, I am requesting the Goucher College sponsored Health Insurance Plan for 2006-2007. (Complete the above identification card and keep for your records.)

2. No, I will not be joining the Goucher College sponsored Health Insurance Plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College and that the College will not be responsible for any medical expenses. I am currently covered under the following policy:

INSURANCE COMPANY NAME

POLICY NO.

SIGNATURE (STUDENT, PARENT, OR GUARDIAN)

DATE