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WASHINGTON COUNTY COMMUNITY COLLEGE
STUDENT INSURANCE WAIVER CARD

It is essential to have accident and sickness insurance while attending Washington County Community College.

Signing and filing of this form constitutes refusal of student group accident and sickness insurance. If you refuse student accident & sickness insurance you must provide evidence of other insurance with a minimum coverage of $5,000 for accident and sickness. Upon cancellation of other insurance it is the student's responsibility to notify the College immdiately. A waiver card must be completed once every academic year, regardless of point of attendance.

_____
Print Student Name Social Security #

Date of Birth _____ Gender ☐ M ☐ F

_____
Address

_____
City State Zip Telephone #

_____
Student Signature

_____
Insurance Company Name Date

_____
Policy Number

_____
College Program Student is Enrolled in

_____

Accepted/Declined: _____
College Authorization Signature Date