

International Student Health Insurance Waiver Application Form (August 2007 to August 2008)

(Please Print Clearly)

Applications for the Fall 2007 semester will **not** be accepted after September 30, 2007. Applications must be renewed **every fall** semester.

STUDENT INFORMATION

Student's Last Name ↓	First ↓	Middle ↓	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (mm/dd/yyyy) ↓ / /
Street Address ↓	City ↓	State ↓	ZIP Code ↓	TU ID Number ↓
				Home Phone No. ↓ ()
Most Frequently Used E-mail Address ↓				

POLICY INFORMATION

Insurance Company Name and Address ↓	Phone Number ↓	Fax Number ↓
Name of Policyholder ↓	Insurance Policy ID ↓	Group # (if possible) ↓

PLEASE CHECK BOXES AS YOU READ (below)

- I wish to apply for a waiver of the Chickering Insurance Plan for Towson University students in order not to be charged for its premiums. I have health insurance from another source, which I believe meets Towson University's minimum insurance standards (see <http://wwwnew.towson.edu/dowellhealthcenter/minimum.html>).
- I certify that this coverage is currently in effect and that I will make premium payments and fulfill any other conditions required by the insurance company to maintain my coverage while I am a student at Towson University.
- I understand that I must have health insurance throughout the 2007-2008 academic year. I understand that failure to maintain approved medical insurance coverage will be a violation of University code and will jeopardize my right to continue as a student at Towson University. I understand that the effective starting date for my other insurance coverage must be on or before August 15, 2007.
- If I authorized any medical or other providers to send claims to the 2007-2008 Chickering Insurance Plan for payment prior to the submission of this form, I understand that this waiver will be rescinded and I will be responsible to pay the premium.
- I understand that if I do not return this waiver form with the requested information by September 30, 2007, I will remain enrolled in the Chickering Insurance Plan and I will be responsible for the premium charged to my student account for the insurance coverage.
- I understand that I must submit a copy of my medical insurance policy (in English) and my insurance card to the Dowell Health Center with this document in order for my application to be legal.
- I understand that this application is valid only from August 15, 2007 until August 14, 2008. I will be required to renew the waiver application for the next policy year 2007-2008 before September 30, 2007.

PLEASE READ CAREFULLY AND SIGN (below)

I hereby certify that the information provided in this document and in its attachments is true to the best of my knowledge. I understand that this application, if accepted, is valid only until August 14, 2008. I will be required to renew the waiver application for the next policy year 2008-2009 before August 15, 2008.

X _____
STUDENT'S SIGNATURE DATE

THIS WAIVER EXPIRES BEFORE NEXT FALL SEMESTER.

Office Use Only, do not write below this line

Waiver Application Approved Waiver Application Denied do not meet university standards_
Insurance Charge Removed more information is needed

Date: _____