



**American Jewish University  
Insurance Waiver 2010-2011**

**IMPORTANT: HEALTH INSURANCE IS REQUIRED FOR ALL MATRICULATING STUDENTS.** Proof of insurance includes **returning this completed form with proof of coverage (insurance card) to the Office of Student Affairs.**

Students with incomplete paperwork will be **automatically enrolled** in the university health plan and **billed accordingly** (Fall Semester- September 28, 2010, Spring Semester- February 4, 2011).

**WAIVER MUST BE RENEWED IN THE FALL AND SPRING SEMESTERS OF EACH ACADEMIC YEAR.**

Student Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Email: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Telephone: \_\_\_\_\_

**I OPT TO WAIVE COVERAGE UNDER THE 2010-2011 AMERICAN JEWISH UNIVERSITY STUDENT HEALTH INSURANCE PLAN, WITH THE UNDERSTANDING THAT I MUST PROVIDE AMERICAN JEWISH UNIVERSITY WITH PROOF OF COMPARABLE COVERAGE. I AM CURRENTLY COVERED UNDER THE FOLLOWING POLICY:**

INSURANCE COMPANY NAME: \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_  
(Name on Policy)

RELATION TO STUDENT: \_\_\_\_\_  
(Spouse, Parent/Guardian, Self)

POLICY#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

PHONE#: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

C.A.M.S. entry by: \_\_\_\_\_ Date C.A.M.S. entry: \_\_\_\_\_