

**FAITH BAPTIST BIBLE COLLEGE AND THEOLOGICAL SEMINARY
2011-2012 INSURANCE WAIVER FORM**

IMPORTANT—ALL STUDENTS must complete either the ENROLLMENT FORM or this WAIVER FORM for submission at the time of registration. Students not submitting a form will automatically be insured and the premium will be added to their tuition fee.

Student's Name _____ Birth Date _____ / _____ / _____
(Please print) (Last) (First) (M.I.) (MM/DD/YY)

Soc. Sec. # --

I will not be joining the Student Health Insurance Plan for the current academic year because I have coverage comparable to the health benefits of the College Plan through my own or my family's membership in the following group or private policy:

Name of Insured _____ Relationship to Student _____

Name of Insurance Company or Group _____ Policy or Group Number _____

Address of Company _____ Date of Expiration _____

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment in college. I also understand that should I lose my health insurance protection, I will immediately notify the college and make necessary arrangements to join the college sponsored plan for coverage.

COMPLETED WAIVER FORM MUST BE RETURNED TO THE COLLEGE BY AUGUST 30, 2011, OR A CHARGE WILL APPEAR ON YOUR TUITION FEE.

Student Signature _____ Date _____ / _____ / _____

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