

**ST. NORBERT COLLEGE
WAIVER CARD**

**YOU MUST COMPLETE AND RETURN THIS WAIVER FORM AND MAIL TO THE ADDRESS BELOW
BY AUGUST 15, 2008**

**ST. NORBERT COLLEGE FINANCE DEPARTMENT
100 GRANT STREET
DEPERE, WISCONSIN 54115**

If enrollment waiver is not received by the first week of classes, you will be automatically enrolled in the Student Health and Accident Plan and a charge of \$715 will be placed on your student account for the Basic \$15,000 + \$35,000 Supplemental Major Medical Plan. You will be insured from August 1, 2008 to July 31, 2009. For complete details about this plan, please visit www.studentresources.com , (click on College Student and View Brochure).

I WILL NOT BE ENROLLING IN THE ST. NORBERT COLLEGE SPONSORED HEALTH INSURANCE PLAN. I UNDERSTAND PROOF OF INSURANCE IS REQUIRED *OR* HAS BEEN PROVIDED ONLINE AT www.UHCSR.com.

STUDENT'S NAME (PLEASE PRINT) BIRTH DATE SCHOOL I.D. #

INSURANCE CO. NAME POLICY NUMBER

NAME OF POLICYHOLDER (PLEASE PRINT) POLICYHOLDER SIGNATURE

May 08