



Hebrew College, 160 Herrick Road, Newton Centre, MA 02459
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STUDENT INJURY AND SICKNESS INSURANCE PROGRAM ANNUAL WAIVER FORM

SEPTEMBER 1, 2008–AUGUST 31, 2009

The Commonwealth of Massachusetts requires students registered for 6 or more credit hours per semester to participate in the Injury and Sickness health insurance program sponsored by Hebrew College unless proof of comparable coverage is documented each year. To waive coverage, please provide the information below. Please print clearly.

Please return completed form to the Office of the Registrar. The submission deadline is **September 22, 2008**.

Student Information

Student ID _____ Student type: undergraduate graduate

Degree/Program _____

Name _____
First MI Last

Phone _____
Home Cell

Email _____ Social Security number _____

Health Insurance Information

Insurance company name _____ Phone _____

Group number _____ Policy number _____

Subscriber name _____

Relation to subscriber _____

By completing and submitting the above information, I hereby waive participation in the health insurance plan sponsored by Hebrew College. I am currently participating and will continue to participate throughout the academic year in a plan having comparable coverage. I understand that I will be responsible for the medical expenses for the student named above and neither Hebrew College nor the Student Health Insurance Program will be responsible for those expenses.

Signature _____ Date _____