

# **Pacific Northwest College of Art**

## **Health Insurance Waiver – SP12**

Pacific Northwest College of Art requires all students taking 6 or more credits to carry medical insurance. Unless specifically waived, you will be automatically covered under a plan designed especially for students. **All students are billed automatically upon registration.**

Medical insurance is also mandatory for students in off-campus or study abroad programs.

If you are covered by other medical insurance and wish to waive the coverage offered by the College, you must complete this form and return it to the Business Office **no later than the first day of classes – January 17, 2011.**

### **Procedure for waiver of medical insurance:**

1. Complete and return the waiver to the PNCA Business Office: 1241 NW Johnson St.  
Portland, OR 97209
2. If you submit the completed form by the deadline PNCA will credit your account.  
Unfortunately we cannot accept waivers after this date.
3. The waiver will be in effect for the current semester only.

**YOU MUST SUBMIT A NEW WAIVER EACH SEMESTER!**

If you have questions regarding the plan coverage, please contact Student Services at (503) 821-8925.

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### **STUDENT MEDICAL INSURANCE WAIVER – SPRING 2012**

\_\_\_\_\_  
Student Name (Last, First, Middle) Date of Birth

\_\_\_\_\_  
Local Address City State Zip

\_\_\_\_\_  
Name of Insurance Company Plan ID/Policy/Group Number

\_\_\_\_\_  
Policy Holder Name Policy Holder Address City State Zip  
(Who purchased the policy?)

I have read and understand the medical insurance policy offered by PNCA. I hereby waive all rights to compensation from the designated insurance company and/or PNCA for medical expenses incurred by me while this waiver is in force and do thereby accept all responsibility for my medical expenses. I understand that this waiver is in effect for the current semester only. I certify that the above information is true and agree to notify the College of any change in said information.

\_\_\_\_\_  
Student or Policy Holder Signature

\_\_\_\_\_  
Student billing ID

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent or Guardian Signature for students under 18

Received By: \_\_\_\_\_ Date: \_\_\_\_\_