

Pacific Northwest College of Art Health Insurance Waiver

To: Pacific Northwest College of Art full-time BFA Students
From: Student Services Office
Subject: Waiver of Medical Insurance

Pacific Northwest College of Art requires all full-time BFA students to carry medical insurance coverage. Unless specifically waived, you will be automatically covered under a medical insurance plan designed especially for students. All students are billed automatically each semester for the premium during the academic year.

If you are covered by other medical insurance and desire to waive the coverage offered by the College, you must complete this form and return it to Student Services no later than the last day of add/drop, January 28th 2005. PLEASE NOTE: Medical insurance is also mandatory for students in off-campus or study abroad programs.

Procedure for waiver of medical insurance:

Complete and return the waiver to the Student Services Office: PNCA, 1241 NW Johnson Street, Portland, Oregon 97209.

If you submit the completed form by the deadline of January 28th 2005 you will be excused from payment of the premium. Your account will be credited the \$225 premium by February 18th.

This waiver will be in effect for this semester only. **A NEW WAIVER MUST BE SUBMITTED EACH SEMESTER!**

If you have further questions please contact Student Services at (503) 821-8925.

STUDENT MEDICAL INSURANCE WAIVER – Spring 2005

(A NEW WAIVER MUST BE SUBMITTED EACH SEMESTER)

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

Local Address City State Zip

Name of Insurance Company Policy 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 Signature

Today's Date

Parent of Guardian Signature for students under 18

Today's Date