

Pacific Northwest College of Art
Health Insurance Waiver

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

Pacific Northwest College of Art requires all BFA students taking 6 or more credits 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 at the beginning of each semester.

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 Student Services or the Business Office no later than the first day of the semester, **January 22, 2008**.

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 22, 2008 you will be excused from payment of the premium. Your account will be credited at that time. Unfortunately we cannot accept waivers after this date.

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 2008

(A NEW WAIVER MUST BE SUBMITTED EACH SEMESTER)

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|---|-----------------------|---------------|-------|-----|
| Student Name (Last, First, Middle) | | Date of Birth | | |
| Local Address | City | State | Zip | |
| Name of Insurance Company | | Policy Number | | |
| Policy Holder Name (Who purchased the policy?) | Policy Holder Address | City | State | Zip |

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

Received By _____ Date _____