

Student Insurance Fee Waiver Form

Student number

Semester/Year

This form must be submitted within ten (10) calendar days from the first day of registration of the current semester. Use this form only if you can show proof that you have accident and health insurance coverage for the entire current semester and wish to have the student insurance fee waived. Refunds will require 6 to 8 weeks.

Last Name

First Name

Middle Initial

Name of Insurance Company

Policy/group number

I understand that with this Insurance Fee Waiver I am required to present proof of current insurance when I turn this form in to the Bursar's office.

Have you waived the Student Insurance Fee at OLHCC before? Yes_____ No_____

Signature

Date