

MEDICAL INSURANCE WAIVER FORM 2009-2010

Health insurance is required for all full-time students. All full-time students' accounts will be charged the health insurance premium amount of, \$326 for the Fall 2009 semester and \$451 for the Spring/Summer 2010 semester unless you waive the student medical insurance. To waive the student medical insurance you must: 1) complete and return this form to the Business Office with your enrollment deposit and 2) show proof of comparable insurance by attaching a photocopy of your medical insurance card and include it with the waiver. Please send to:

Attn.: Business Office / Ruby Gill
San Francisco Conservatory of Music
50 Oak St
San Francisco, CA 94102

I will not be joining the San Francisco Conservatory of Music (SFCM) sponsored health insurance plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at SFCM and that SFCM will not be responsible for any medical expense. I am currently covered under the following policy:

Insurance Company Name
Name of Policy Holder/Subscriber Name
Relationship to Student
Policy/ID # Group #
Policy Effective Date* Policy Termination Date*

You **must enter a date that will demonstrate your coverage from 8/20/09 through 8/20/10.*

If your health insurance does not expire, write "OPEN"

Student Name _____
Student Social Security # _____
Student Address _____
City/State/Zip Code _____

Note: This waiver is NOT VALID without a photocopy of your current medical insurance card.

(Student Signature)

(Date)