



PARK UNIVERSITY
Limited Student Insurance Waiver Form

Exemption from the student accident and sickness insurance plan must be on file **no later than the 8th day of the semester/ term**. I understand that if this waiver is not on file prior to this date, I will be charged for student insurance if I am a Residential Student, Student Athlete, F-1 International Student, and/or Nursing Student.

By submitting this form, I have read and understand the above statements. I am also requesting exemption from payment of the charge for student accident and sickness insurance plan.

I understand that I will not be covered by the student accident and sickness insurance plan. I also understand that the University will not be expected to bear any medical costs incurred by me.

This waiver is good for ONE Academic Year (August-July). I understand that I must submit a NEW waiver every fall semester to continue to be exempt from student insurance charges. The waiver must be submitted within the first 8 days of the semester / term.

I have read and understand the above statements. I wish to submit this waiver.

Signature: _____

Form not valid if not completed in its entirety.

Academic Year in which you are submitting waiver: ___2006-2007 ___2007-2008 ___2008-2009

Park Student ID#: _____ Student Name: _____

Local Address: _____

Permanent Address: _____

Local Phone Number: _____ Cell Phone Number: _____

Insurance Provider Name: _____

Subscriber Name: _____ Subscriber ID: _____

Group #/ Policy #: _____ Customer Service Phone #: _____

Mailing Address of the Insurance Provider: _____

Please check all that apply:

___ Dorm Student ___ Student Athlete ___ Nursing Student ___ F-1 International

If you should have any questions, please do not hesitate to contact us at (816) 584-6800 or email us at studentassistancecenter@park.edu .

Park University Student Assistance Center 8700 NW River Park Dr. Box 15 Parkville, MO 64152