

2008-2009

**UNIVERSITY OF NOTRE DAME
STUDENT INSURANCE WAIVER CARD**

Complete and return by September 15, 2008 if you are NOT participating in the school insurance plan.

Student Name _____ (Please Print) School ID# _____ Email Address: _____

Campus/Home Address _____ Street _____ City _____ State _____ Zip _____

- International Undergraduate
 Graduate (Degree Seeking Graduates only) Other (ROTC & Non-degree Seeking Graduates only)

I will not be joining the University of Notre Dame sponsored Student insurance plan because I have comparable coverage to the health benefits of the University plan through a another group or private policy

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the University of Notre Dame and that the University will not be responsible for any medical expense. It is also understood by me that if I lose my medical insurance protection, I will notify Health Services and make necessary arrangements to join the University sponsored plan within 30 days.

*****Waiver is only valid when accompanied by a copy of your insurance card or policy.**

Date _____ Signed _____ Age _____
01-WVR

**PLEASE FOLLOW THESE EASY INSTRUCTIONS
INTERNATIONAL STUDENTS & DEGREE SEEKING GRADUATE STUDENTS ONLY**

Complete the Waiver card on the reverse side IF YOU HAVE PRIVATE HEALTH INSURANCE COVERAGE AND YOU DO NOT WANT TO PARTICIPATE IN THE SCHOOL SPONSORED INSURANCE PLAN. This waiver is not valid unless accompanied by a current copy of your insurance card.

This waiver request document must be received by September 15, 2008 in Health Services or student will automatically be enrolled in this insurance plan.

Note: Your insurance policy must be a U.S. carrier.