COLUMBIA INTERNATIONAL UNIVERSITY STUDENT HEALTH INSURANCE WAIVER CARD
2008-2009

The deadline to submit the Student Health Insurance Waiver Card is last day of the Registration Period.

Columbia International University requires that each student participate in the Student Accident and Health Insurance Plan unless proof of comparable coverage is submitted as indicated below.

STUDENT'S NAME_____ I.D. #_____
Last First Middle

MAILING ADDRESS _____CITY _____ STATE_____ ZIP_____

Proof of my current insurance coverage is as follows:

NAME OF INSURANCE COMPANY OR GROUP_____ POLICY NUMBER _____

ADDRESS _____CITY _____ STATE_____ ZIP_____

SUBSCRIBER'S NAME ON POLICY_____ ☐ SELF ☐ SPOUSE ☐ PARENT

I hereby request waiver of the Student Accident and Health Insurance Plan and acknowledge that I am legally responsible for any and all expenses incurred by myself/spouse/son/daughter during my/their enrollment at Columbia International University.

SIGNATURE_____ DATE _____

(Student's Signature or Parent's Signature if Student is under Age 18)

Return to: Columbia International University Health Services Center, P.O. Box 3122, Columbia, SC 29230