

# THE UNIVERSITY OF TULSA INSURANCE WAIVER CARD 2009 - 2010

Student Name \_\_\_\_\_

Student I.D.# \_\_\_\_\_

I will not be joining the University of Tulsa sponsored student health insurance plan underwritten by Monumental Life Insurance Company. I fully understand (1) that the University requires that I be covered by health insurance that pays benefits in Oklahoma, (2) that I am legally responsible for any medical expenses incurred during my enrollment at the University, and (3) that the University will not be responsible for any medical expense. I am currently covered under the policy:

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Insured Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Student, Parent or Guardian)

My signature confirms that this Coverage is in effect and that it pays benefits in the State of Oklahoma. Should this coverage cease while the student is enrolled at The University of Tulsa I will contact Wilcox, Jones & McGrath, Inc. at 918-747-4100 to obtain coverage.

**IMPORTANT:** Your account has been charged with the insurance premium. To waive the insurance, this card must be completed and returned to Wilcox, Jones, McGrath in the envelope provided no later than **August 31, 2009. There will be no additional opportunities to waive this insurance.** The University reserves the right to require participation in its sponsored plan if your coverage is determined to be inadequate. **You must include a copy of your ID card or other proof of coverage with this waiver card.**