EASTERN VIRGINIA MEDICAL SCHOOL

Health Insurance Waiver Form – Policy Year: 2006-2007

NAME (please print)_____ MALE ☐ / FEMALE ☐

PROGRAM_____ GRADUATION YEAR _____ PHONE _____

ADDRESS_____

Street Address **City, State, Zip Code**

_____

_____ I have health insurance, and I would like to waive enrollment in the Chickering/Aetna Student Health Insurance Plan. I have provided proof of my current health insurance as listed below:

Proof of insurance must be submitted with this form or your waiver is incomplete!

Insurance Company Name _____

Insurance Company Address _____

Policy Number _____ Group Number _____

Name of Policy Holder _____ Relationship to Student _____

Effective Date _____ Expiration Date _____

STUDENT SIGNATURE_____ DATE_____

The deadline to submit a waiver form is:
August 21, 2006.*

If you have not submitted a waiver by this date, you will be automatically enrolled in and billed for the Chickering Plan.

PLEASE RETURN ALL COPIES OF THIS FORM TO:

THE DEPARTMENT OF STUDENT AFFAIRS

LEWIS HALL

* The waiver deadline for Spring Enrollment is January 15, 2007. This date applies to incoming PA students ONLY!!!