

**HELLENIC COLLEGE /
HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY**

REQUEST FOR HEALTH INSURANCE WAIVER

2012-2013

THIS WAIVER MUST BE COMPLETED IN ITS ENTIRETY, SIGNED AND RETURNED PRIOR TO SEPTEMBER 14, 2012 OR THE COLLEGE WILL BE OBLIGATED BY MASSACHUSETTS STATE LAW TO ENROLL YOU IN THE COLLEGE'S STUDENT HEALTH PLAN AND TO BILL YOU ACCORDINGLY.

Student Name: _____ S.S.# _____

Name of Insurance Carrier: _____ Policy Number: _____

Name of Subscriber: _____

Relationship of Subscriber to Student: _____

I certify that I am currently participating in the above insurance policy and will continue to participate throughout the school year. I have compared the above policy with the student insurance plan and have determined the benefits to be at least comparable. I further understand that by my submitting this waiver request, I will be responsible for my medical expenses and neither the College nor its health insurance program will be responsible for those expenses.

Signature of Student: _____ Date: _____

(If a Minor, Signature of Parent or Guardian)