Ocean County College
Student Insurance Waiver Card 2011-2012*

(PLEASE PRINT)

Student's Name_____ Student ID #_____
Last First Middle Initial

Student's Home Address_____
Street or PO Box City State Zip

I will not be joining the Student Health Insurance Plan for the current academic year because I have coverage comparable to the health benefits of the College Plan through my own or my family's membership in the following group or private policy. This is my current health insurance policy information:

Name of Insured_____ Relation to Student_____

Name of Insurance Company or Group_____

Address of Company_____
Street or PO Box City State Zip

Policy or Group #_____ Date of Expiration_____

I hereby certify that to the best of my knowledge the information I have supplied is true and accurate. I also fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College.

Date_____ Signature X_____

***Note: This waiver will not be valid if received after 9/30/11 for the Fall semester, or 2/28/12 for the Spring semester. Additionally, you may wish to retain this coverage even if you have coverage elsewhere, as the benefits paid by this plan may reduce or eliminate any out of pocket costs associated with your other coverage.**