



All traditional undergraduate and graduate students are required to have health insurance. Students who do not provide proof of coverage **before the first day of classes** will be charged the nonrefundable premium payment of \$ TBD for the Northland-provided student insurance.

**To waive the purchase of student medical insurance:**

1. Complete sections 1 and 2 below, using **BLACK** ink.
2. Attach a photocopy of **both sides of the medical insurance card** to this form.
3. Fax, scan, e-mail, or mail this form and photocopy to one of the addresses listed at the bottom of this page **before the first day of classes**.
4. **Note: This form is not complete unless accompanied by a photocopy of both sides of the medical insurance card.**

**Section 1: Personal Information**

_____	_____	_____	_____
Last name	First name	Middle name	Social security number
_____		_____	
Home address (number and street)		Home phone	
_____	_____	_____	_____
City	State	ZIP	Country (if other than United States)
_____		_____	
Policy holder's name		Relationship to student	
_____		_____	
Policy holder's SSN		Policy holder's date of birth	
_____		_____	
Name of insurance company		Policy number	
_____		_____	
Effective date		Termination date (If no termination date, write "open.")	

**Section 2: Signature**

I will **not** be joining the Northland International University (NI) sponsored health insurance plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at NI and that NI will not be responsible for any medical expenses. I understand that should I lose my health insurance protection, I will immediately notify NI and make necessary arrangements to join the NI Health Insurance Student Plan.

_____	_____
Signature of student	Date
_____	_____
Parent/guardian signature required (if student is under 18)	Date