

To purchase the student medical insurance, complete sections 1 and 2 below using **BLACK** ink; submit this form **before** the first day of classes.

Section 1: Personal Information

Last Name	First Name	Middle Name	
Home Address (number and street)			Home Phone
City	State	ZIP	Country (if other than USA)
Date of Birth		Social Security Number	

Section 2: Signature

I acknowledge the following:

1. I am required to have health insurance. Enrolling in the student medical insurance program provides medical coverage beginning August 1 and ending July 31 of the following year. A nonrefundable premium of \$TBD for this coverage will be applied to my student account.
2. Northland International University does not accept financial responsibility for any student needing hospitalization or off-campus medical attention due to illness or participation in any Northland-related activity, both on or off campus. I acknowledge that any student using the university's facilities does so at his/her/own risk.

Student Signature	Date	Parent/Guardian Signature (if under eighteen)	Date
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