



To waive the purchase of student medical insurance, complete sections 1 and 2 below using **BLACK** ink; attach a photocopy of **BOTH SIDES** of the medical insurance card to this form.

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 not USA)
Policy Holder's Name		Relationship to Student	
Policy Holder's Date of Birth		Policy Holder's SSN	
Name of Insurance Company		Policy Number	
Effective Date		Termination Date (if no termination date, write "open")	

Section 2: Signature

I acknowledge the following:

1. I am required to have health insurance. If I do not provide the requested proof of coverage (including the photocopy of both sides of the insurance card) before the first day of classes, I will be charged the **nonrefundable** premium of \$TBD and will be immediately enrolled in the student insurance program.
2. Should I lose my health insurance protection, I will immediately notify Northland Health Center and make necessary arrangements to join the Northland provided student health insurance plan.
3. 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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