2009-2010 STUDENT ACCIDENT & SICKNESS WAIVER FORM FOR INTERNATIONAL STUDENTS

Complete and return this form to: International Student Services • P.O. Box 599 • Appleton, WI 54912-0599
Fax: 1-920-832-7026

Students that have comparable insurance coverage and choose to waive the medical insurance policy offered through Lawrence University must complete this form. If you do not have comparable insurance coverage, you will be automatically billed by the school and covered.

Name _____ Birth Date _____
Last First MI MM/DD/YYYY

Address _____
Street City Country Postal Code

I have the following comparable coverage that will remain in effect throughout the academic year:

Name of Insurance Company _____
Please print

Address _____
Street City Country Postal Code

Policy Number _____ Deductible _____

Signature _____ Date _____
MM/DD/YYYY

Important: Please enclose a copy of what your insurance policy covers and a copy of your insurance card.