

**2011-2012 STUDENT ACCIDENT & SICKNESS WAIVER FORM FOR
INTERNATIONAL STUDENTS**

Complete and return this form to: International Student Services • 711 E. Boldt Way, SPC 41 • Appleton, WI 54911
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.**