

**NIAGARA COUNTY COMMUNITY COLLEGE  
2017-2018 INSURANCE WAIVER CARD**

**PLEASE PRINT**

Student's Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Expiration or N/A: \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*I certify that I am currently participating in the above insurance policy and will continue to participate throughout the school year. I have compared the above policy with the Student Accident Insurance Plan and have determined the benefits comparable. I further understand that by submitting this waiver, I will assume total responsibility for my medical expenses.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Dates/Note: Fall term student Waiver Card must be received by the NCCC Cashier's Office (A205) not later than 9/25/17. For new students entering the Winter/Spring Term, Waiver Card cannot be accepted after 2/2/18. For new students entering for the Summer I Term, Waiver Card will not be accepted after 6/4/18, and for new students entering for the Summer II Term, Waiver Card will not be accepted after 7/14/18. Students who do not complete the Waiver Card by the appropriate deadline, will automatically be enrolled in the Student Accident Insurance Plan.**