

**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: _____ 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 9/25/2017. For new students entering the Winter/ Spring Term, Waiver Card will not be accepted after 2/2/2018. For new students entering for the Summer I, Term Waiver Card will not be accepted after 6/4/2018, and for new students entering Summer II term, Waiver Card will not be accepted after 7/14/2018. Students who do not complete the Waiver Card by the appropriate deadline, will be automatically enrolled in the Student Accident Insurance Plan.