

NOTICE REGARDING HEALTH INSURANCE

A student in the state of New Jersey taking 9 or more credits is required to have a minimal health insurance policy. If you are a full time student with us and are already enrolled in an insurance plan, please complete the waiver card and return to the Registrar's Office,

Attention: Amy Huber, Somerset Christian College, 10 College Way, Zarephath, NJ 08890.

If we do not receive this waiver card within one week from the start of your semester, we must automatically enroll full time uninsured students in a school plan. The current rate is \$458 through August 31, 2009.

If you would like more information about the Somerset Christian College Student Health Insurance Plan, please contact Tara Hamill at 1-800-234-9305 ext. 1115

SOMERSET CHRISTIAN COLLEGE
2009-2010 HEALTH INSURANCE ENROLLMENT / WAIVER CARD **2009-201311-71**
Coverage begins from time of enrollment through August 31, 2010. Renewal required September 1, 2010.

Student Name _____ S.S. N. _____

YES, I would like to enroll in the College sponsored health insurance plan. I understand that \$458 will be added to my tuition bill.

NO, I will not be joining the College sponsored health insurance plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College and that the College will not be responsible for any medical expense. I am currently covered under the following policy:

Insurance Company Name: _____ Policy #: _____

Signature: _____ Date: _____
(Student, Parent or Guardian)

Please return this waiver card to the Registrar's Office, 10 College Way, Zarephath, NJ 08890 prior to semester start.