



**INJURY AND SICKNESS INSURANCE WAIVER STATEMENT
2009/2010 ACADEMIC YEAR**

All new and returning full-time students (12 credit hours or more) are required to carry health insurance. Students will be automatically enrolled in the health plan offered by Guarantee Trust Insurance Company (effective 8-1-09 through 8-1-10) and charged the premium of \$667 (students 35 and over \$791) unless the Parent, Guardian or Student specifically requests exclusion by completing the waiver statement below. In addition, a copy of the student's proof of insurance must be sent with the completed waiver form to the Olivet College Wellness Center and **must be received on or before the deadline of Friday, October 2, 2009.**

The following student hereby waives coverage by Guarantee Trust Life Insurance Company:

Full Name – Print

Student ID #

This coverage is not desired because the student listed above has other health insurance coverage as follows:

Insurance Co: _____

Policyholder Name _____

Policy, Contract, or Member ID# _____

Policyholder's Employer _____
(if through an employer)

Date _____

Signature (required) _____
Student, Parent, or Guardian

Note: It is the responsibility of the Parent, Guardian, or Student to notify the Wellness Center of any change in insurance as the academic year progresses.

PLEASE RETURN THIS COMPLETED WAIVER STATEMENT AND A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) TO:

Olivet College Wellness Center, 320 South Main Street, Olivet, MI 49076

The forms can also be faxed to (269) 749-7586: Attn: Wellness/Student Insurance

(Information regarding coverage and exclusions of the policy through Guarantee Trust Life Insurance can be obtained at the Wellness Center or the Student Services Center.)