

**UNIVERSITY OF MARYLAND BALTIMORE  
2011-2012 HEALTH INSURANCE WAIVER FORM**

(Please complete in full; ***all fields REQUIRED.*** Do not separate copies until ***APPROVED*** by Student and Employee Health Center. Retain pink copy with ***VERIFIER'S INITIALS AND APPROVAL DATE*** for future reference.)

NAME: \_\_\_\_\_ STUDENT ID: @ \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Return completed and signed form to:

**Student and Employee Health  
ATTN Finance Department  
29 S. Paca Street  
Baltimore, MD 21201  
(410) 328-6792  
FAX (410) 328-8726**

**IF YOU CLAIM TO HAVE COMPARABLE INSURANCE, THE FOLLOWING PROOF IS NEEDED:**

1. The original or photocopy (both sides) of your insurance card.  
**AND**
2. A detailed description of the plan or a list of benefits may be required.

THIS MUST BE DONE **EACH** ACADEMIC YEAR BEFORE THE BEGINNING OF THE FALL SEMESTER.

All full-time students (excluding Evening Law) are automatically billed for the UMB Student Insurance (please see your student handbook for more information). To waive the UMB policy, you must show proof of comparable insurance prior to September 15, 2011 for the FALL semester and February 15, 2012 for the SPRING semester.

**STUDENTS BE ADVISED:** All students who choose to waive the UMB Student Insurance are solely responsible for bills incurred.

**\*\* ATTENTION \*\***

**PER SENATE BILL #350, THERE ARE NO EXCEPTIONS IF YOU MISS THESE DEADLINES.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY STUDENT AND EMPLOYEE HEALTH CENTER BELOW:**

Insurance Type \_\_\_\_\_

Verifier's initials \_\_\_\_\_ Date approved \_\_\_\_\_

STUDENT ACCOUNTS-WHITE COPY   STUDENT HEALTH-YELLOW COPY   STUDENT-PINK COPY

Esar _____
Init _____