

**UNIVERSITY OF MARYLAND BALTIMORE
2008-2009 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: _____ 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, 2008** for the FALL semester, and **FEBRUARY 16, 2009** 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 _____