

RETURN THIS CARD ON OR BEFORE SEPTEMBER 25, 2009 TO THE STUDENT DEVELOPMENT OFFICE WHETHER YOU DESIRE THE INSURANCE COVERAGE OR NOT.

STUDENT INSURANCE APPLICATION/WAIVER CARD

Knox College Galesburg, Illinois

Student's Name (please print) _____ Student ID# _____

- () I desire only the automatic coverage of Plan A for \$210.00.
- () I desire to be enrolled in Plan B. Please include the charge of \$326.00 on my bill.
- () I have other insurance and do not wish to participate in the Student Insurance Plan. Please delete the charge for this insurance from my bill.

Information about other health insurance: (MUST BE COMPLETED EVEN IF YOU SELECT ONE OF THE ABOVE PLANS)

Insurance Company:	Policyholder:
Address:	Policyholder's Date of Birth:
	ID #:
Group () or Private Plan ()	Policy No.:

I acknowledge that health insurance is required to attend Knox College. If this form is not returned, returned incomplete, or returned after the deadline above, billing of the health insurance fee is automatic and will NOT be waived.

Signed: (Parent or Guardian or Student if over 18) _____ Date _____

DEPENDENT'S COVERAGE

If you wish to include members of your family (spouse and/or children) in the insurance program offered by Knox College, please go to the Student Development Office, Room 103, Old Main.

NOTE: Return this application and appropriate check, payable to Knox College, to the Student Development Office. These must be received by the College no later than September 25, 2009. If you have questions, please call the Student Development office at 309-341-7222.