

2009-2010

**WAIVER CARD - STUDENT HEALTH PLAN
THE UNIVERSITY OF FINDLAY
Findlay, Ohio**

I have read the details concerning the Student Health Plan now being made available to undergraduate students at The University of Findlay and I do **not** wish to participate.

Student's Name: _____

Student's ID #: _____

Signed: Student, Parent, Guardian

Social Security #: _____

Date: _____

(If you wish to waive the Student Health Plan, you must complete and return this card to the **Business Office** no later than October 1, 2009, or a charge of \$245.00 will automatically be made to your account. First time enrollees in Spring 2010 must return this card by February 1, 2010. Students who decline the coverage will not be eligible to enroll until the next plan year.)