

DAKOTA WESLEYAN UNIVERSITY 2009-2010 WAIVER OF INSURANCE FORM

All Students are billed by the University for the Student Accident and Sickness Insurance Plan. To refuse this coverage, return this form to the Dakota Wesleyan University Student Services Office at registration.

Student's Name _____
(Please Print) (Last) (First) (MI)
Address _____
(Street) (City) (State) (Zip)

I have comparable coverage with:

(Name of Insurance Company) (Policy Number) Covered to Age _____ Deductible Amt _____

(Address) (City) (State) (Zip)
X _____
(Signature) (Date)

U-141SD (wvr)

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