



Student Health and Counseling Services  
A Division of Student Affairs

## NCCU INSURANCE WAIVER FORM

### PROVISIONS FOR INSURANCE WAIVER

A. I am releasing North Carolina Central University from all financial responsibilities that may incur from sickness or accident, while enrolled at the university.

B. I understand that if I am under 18 years of age, my parent or guardian must complete this form.

C. I understand that I must present or submit insurance information (Insurance Card).

D. I understand that a copy of the insurance card will be made, attached to waiver form and filed in my medical record in Student Health Services.

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Age: \_\_

### ACCIDENT AND SICKNESS INSURANCE COVERAGE:

Name of Subscriber : \_\_\_\_\_

Name of Insurance Company : \_\_\_\_\_

Policy: \_\_\_\_\_

I.D. or Certificate Number and Group #: \_\_\_\_\_

I certify that the information provided above is accurate and complete.  
I am requesting that the premium for the Student Accident and Sickness Insurance Plan be waived.

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: This form is only valid for the current semester.

I have reviewed Insurance card and waiver form:

Date: \_\_ Term Submitted: \_\_\_\_\_

Signature of NCCU Designee: X \_\_\_\_\_

NORTH CAROLINA CENTRAL UNIVERSITY  
IS A CONSTITUENT INSTITUTION OF THE UNIVERSITY OF NORTH CAROLINA

Please fill out this form at your computer, print, sign it and submit the completed form along with a photocopy of your Health Insurance Card to:  
North Carolina Central University P.O. Box 19491, Durham, NC 27707 Phone (919)530-6317 / FAX (919)530-7969

**NOTE: This form is vaild for the \*CURRENT\* school year ONLY!**