



# HEALTH INSURANCE WAIVER FORM 2012 SPRING

Complete and return to the Bursar's Office 2641 Kennedy Blvd Jersey City NJ 07306

Or email: [esc@spc.edu](mailto:esc@spc.edu) or Fax 201-761-7441

Phone: 201-761-7440

The State of New Jersey requires all full-time students to maintain health insurance coverage while enrolled at the Colleges and Universities in New Jersey. To comply with this regulation, a Health Insurance fee of \$150 has been included on the bill.

If you are currently covered by your own health insurance through your own or through your family member's policy, this fee can be removed provided this form is received by Feb. 17, 2012. Simply complete the information below and enclose this form with your payment to Enrollment Services or e-mail it at [esc@spc.edu](mailto:esc@spc.edu). Waivers received after the deadline will not be accepted. Form must be submitted each year along with your Payment Plan Promissory Note. Fall tuition payment and/or arrangement are due by January 6, 2012.

NAME \_\_\_\_\_ SPIRIT ID# \_\_\_\_\_  
Last First Middle

STUDENT E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

**I will not be joining the Student Health Insurance Plan for the current academic year because I have coverage comparable to the health benefits of the College Plan through my own or my family's membership in the following group or private policy:**

NAME OF POLICY HOLDER \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY or GROUP NUMBER \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College. I also understand that should I lose my health insurance protection, I will immediately notify the Office of the Dean of Students at 201-761-7363 and make necessary arrangements to join the College-sponsored plan.

Please note that you will receive an e-mail confirming receipt of this form. If you do not receive an e-mail within one week from when you submitted this form, please contact our office immediately at 201-761-7440 or e-mail us at [esc@spc.edu](mailto:esc@spc.edu). You must present the e-mail as proof in the event that you dispute the charge of \$150.00 on your student account. Without the e-mail proof, we will not be able to remove the charge. Disputes can be made no later than March 17, 2012.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_