

**MONROE COMMUNITY COLLEGE
STUDENT HEALTH INSURANCE WAIVER**

**RESIDENTIAL STUDENTS MUST RETURN THIS FORM
PRIOR TO THE BEGINNING OF THE SEMESTER**

Student Information (Please Print) Social Security No. _____

Student Name _____
Last First Initial Class

REQUIRED INSURANCE INFORMATION

Name of Carrier _____ Policy No. _____ Exp. Date _____

Address _____
Street City, State Zip code

Insurance must provide coverage for: :

Ambulance Services
Emergency Treatment
Outpatient Doctor Visits
Diagnostic testing
Inpatient hospitalization

Policy covers minimum standards _____ Yes _____ No

Signature of Parent or Guardian _____