

**2011-2012
INSURANCE WAIVER**

I DO NOT WISH TO ENROLL IN THE SOUTHERN VERMONT COLLEGE STUDENT HEALTH AND ACCIDENT PLAN AND UNDERSTAND THAT ENROLLMENT WILL NOT BE OFFERED AGAIN UNTIL THE BEGINNING OF THE NEXT ACADEMIC YEAR.

Student Name _____

Last:

First:

Initial:

Class

Policy #

Name of Carrier

Effective Date

Signature of Policyholder:

Date:

ALL STUDENTS WILL BE BILLED FOR HEALTH INSURANCE UNLESS THIS WAIVER IS COMPLETED AND RETURNED TO THE STUDENT ACCOUNTS OFFICE. A SEPARATE WAIVER IS REQUIRED FOR EACH ACADEMIC YEAR. THE DEADLINE FOR RETURNING THIS WAIVER IS AUGUST 30, 2011 FOR FALL, JANUARY 23, 2012 FOR SPRING AND MAY 9, 2012 FOR SUMMER.

Detach and Retain for your records

**2011-2012 Identification Card
Monumental Life Insurance Company
Bollinger, Inc.**

Insured (Name of Student)

If a Premium has been paid, the Student whose name appears above has been insured under a policy issued to:



Southern Vermont College

2011-2012

Policy # CVT412H

www.BollingerColleges.com/svc

Bollinger
MONUMENTAL LIFE INSURANCE COMPANY

**P.O. Box 727
Short Hills, NJ 07078
866-267-0092**