



900 N. NORTH BRANCH STREET • CHICAGO, IL 60642 • T. 312.752.2006

September 20, 2009 to September 20, 2010

# STUDENT HEALTH INSURANCE WAIVER STATEMENT

All full-time students (12 credit hours or more) and part-time students (6 credit hours or more) attending Kendall College are required to participate in the student health insurance plan.

Annual Student Health Insurance Cost:

- \$541 for the fall semester 9/20/09 to 9/20/10,
- \$425 for the winter semester 1/11/10 to 9/20/10
- \$245 for the spring/summer semester 4/12/10 to 9/20/10

The total annual cost will be added to the registration fees; **UNLESS THE PARENT, GUARDIAN OR STUDENT SPECIFICALLY REQUESTS EXCLUSION BY RETURNING THIS COMPLETED WAIVER STATEMENT TO KENDALL COLLEGE STUDENT LIFE OFFICE BY THE FOLLOWING DEADLINES:**

- **Fail Quarter - September 30, 2009**
- **Winter Quarter - January 11, 2010**
- **Spring Quarter - April 12, 2010**
- **Summer Quarter - July 12, 2010**

DO NOT INCLUDE THE FOLLOWING STUDENT IN THIS PROGRAM:

\_\_\_\_\_  
(Full name – printed)

\_\_\_\_\_  
(social security number)

This protection is not required because Student has other hospitalization coverage (complete details of other coverage must be provided as follows):

Insurance Company \_\_\_\_\_

Policy holder name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policyholder's Employer \_\_\_\_\_  
(if policy is through employer)

Date \_\_\_\_\_ Signature (required) \_\_\_\_\_  
(Parent, Guardian or Student)

**PLEASE RETURN THIS TO:**  
**Kendall College**  
**Student Life Office**  
**900 N. North Branch St.**  
**Chicago, IL 60642**