



Resident Accident Insurance

The University of Saint Mary requires accident insurance coverage on all Resident students. This insurance pays supplemental to any hospital insurance you may have on your student or primary if you have no insurance. Coverage is from August 1, 2009 to July 31, 2010. The cost of the insurance is \$90.00 per year. The insurance is required if you do not have outside coverage.

If you have insurance coverage under another policy and do not wish to maintain this insurance, please complete and sign the waiver below and return to the Student Life Office no later than August 20, 2009 or you will be billed for coverage. Please provide proof of insurance with waiver.

**RESIDENT STUDENTS
2009-2010 UNIVERSITY OF SAINT MARY
STUDENT INSURANCE WAIVER CARD**

I hereby certify that (**PRINT** student name legibly) _____

Student ID _____ is insured with: (NAME OF INSURANCE CO.) _____

_____ Location address (of Insurance

Company) _____.

Policy number _____ . Amount of deductible _____.

This policy will provide hospital/medical care through July 31, 2010 comparable to that provided under the Saint Mary Student Accident Insurance program, and I **WAIVE** the eligibility of above named student for insurance under the Saint Mary Student Accident Insurance Program with full knowledge that the above named insurance company (not the University or its Student Accident Insurance Program) will be responsible for medical bills, expenses or other losses resulting from injury, or disability incurred during such student's enrollment at the University.

Date _____ Signed _____