



STUDENT HEALTH INSURANCE WAIVER 2009–10

PERSONAL DATA

Name of Student _____ Student ID # _____
Last First Middle

Check one New Student Returning Student Social Security # _____

Drug Allergies _____ Date of Birth _____ / _____ / _____
Month Day Year

Major Medical Problems _____

Local Boulder or vicinity address _____
Street

City State Zip Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Telephone _____ Work/Mobile Telephone _____

Address _____
Street City State Zip

Name _____ Relationship _____

Home Telephone _____ Work/Mobile Telephone _____

Address _____
Street City State Zip

COSTS FOR NAROPA UNIVERSITY'S STUDENT HEALTH INSURANCE PLAN (2009–10)

	Annual <small>(8/1/09–7/31/10)</small>	Fall <small>(8/1/09–1/4/10)</small>	Spring <small>(1/5/10–5/31/10)</small>	Spring/Summer <small>(1/5/10–7/31/10)</small>	Summer <small>(6/1/10–7/31/10)</small>
Student	\$1321	\$579	\$ 542	\$768	\$226
Spouse	\$2590	\$1136	\$1064	\$1505	\$442
All Children	\$2051	\$900	\$ 843	\$1192	\$350

Note: All degree-seeking undergraduates will be billed in the fall 2009 semester for Naropa University Student Health Insurance. If you already have health insurance and DO NOT wish to enroll in the Naropa University Student Health Insurance plan, please indicate on the other side of this form and send a copy of your current insurance along with this waiver form to Student Affairs.

No, I do not wish to enroll in the Naropa University Student Health Insurance Plan. I understand that I must show proof of health insurance coverage by providing the following information in order to be released from the obligation to pay for the Naropa Plan. **(Please include a photocopy of both sides of your insurance card).**

Name of insurance policy holder (parent, spouse or other) _____

Name of health insurance company _____

Group # _____ Plan # _____ Other # _____

All full-time student accounts are automatically billed. If we do not receive this waiver form in the student affairs office by the deadline date of 9/3/09, you will not be able to receive a refund.

Signature of student to be released from the Naropa Student Health Insurance Plan

Student Signature _____ Date _____

Please mail to: Naropa University, Office of Student Affairs, 2130 Arapahoe Avenue, Boulder, CO 80302

If you have any questions, please contact: Dean of Students Robert Cillo, Office of Student Affairs, 303-546-3562, bcillo@naropa.edu.