

ON-LINE WAIVER AVAILABLE AT
www.studentplanscenter.com

MUSKINGUM COLLEGE
BUSINESS OFFICE • NEW CONCORD, OHIO 43762

WAIVER REQUEST—STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

I have read the details concerning the 2008–2009 Student Accident and Sickness Insurance Plan, underwritten by Commercial Travelers Mutual Insurance Company, now being made available to the students of Muskingum College, and DO NOT wish to participate since I have adequate coverage under another plan. Please delete this charge from my account.

Student's Name _____ Student ID # _____
(Please Print) (Last) (First)

Parent Group (Employer) Name _____

Name of Insurance Company _____ Policy No. _____

Signed _____
Student or Parent/Guardian (Parent/Guardian must sign if student is under 18 years of age)

Students desiring to waive the Student Accident and Sickness Insurance Plan must complete and return this request to the Business Office no later than August 29, 2008 or a charge of \$146 will remain on your account for each semester.

WC-M3A54

(See On-line Waiver instructions on the back of this card.)

To complete the On-line Waiver go to www.studentplanscenter.com.

**Click on Muskingum College, then click on
On-line Waiver.**

**Print out the confirmation for your records as this is the only documentation you will receive
that the form was submitted.**

This option will not be available after August 29, 2008.

**If the college does not receive this waiver by August 29, 2008,
you will be automatically included in the plan.**