



Waiver deadlines:

September 30th for September enrollment

January 30th for January enrollment

WAIVER OF HEALTH AND DENTAL CARE

- You must complete and **sign** this form if you choose to waive health and dental benefits under your student insurance plan.
- You may waive health/dental coverage for yourself **ONLY** if you have coverage through a comparable plan. This coverage is in excess of your provincial health plan.
- You must **attach proof of coverage** with this form (photocopy of insurance card, with your name and expiry date; or a letter from the insured individual's employer confirming your coverage for the academic year).
- Forms may be returned to the Administration office at room 105.

Student ID Number	Student Name

Employer/Company Name and Insurance Company Name and Division Number

Insurance Company Name and Group Division Number

Cardholder's Name	Cardholder's Relationship to Student

I hereby waive extended health and dental benefits under the student insurance plan because I have comparable coverage elsewhere.

Student's signature

Date signed

Crandall Financial Office

Date signed