



Manhattan School of Music

Manhattan School of Music
Student Health Insurance Waiver Form
Academic Year 2009-2010
Return to the Office of Student & Residence Life
By April 30, 2009 for returning students
By July 31, 2009 for new students

Health insurance coverage is required for all FULL-TIME MSM students. **All students who wish to waive the Accident & Sickness Insurance Plan offered through MSM for 2009-2010 must complete this form, submit proof of insurance, and adhere to the due date.** Full-time students for whom a waiver form is **not received** will be enrolled in the insurance plan offered through MSM. **New waiver forms must be completed for each academic year.** All insurance information MUST be in English. You must contact the office of Student and Residence Life by email at studentlife@msmnyc.edu to verify receipt of documents.

There will be a substantial late fee of \$150 for students who do not submit this waiver form by the deadline. Late applicants will be required to pay for insurance coverage through December 31, 2009. Please complete all sections below.

SECTION A – Required Personal Information

Last Name, First Name **Social Security Number**

(____) _____ / ____ / ____ _____

Phone Number **Date of Birth** **Student ID Number**

Home Address **City** **State** **Zip**

E-Mail Address **Date**

Acknowledgment: By submitting this form I acknowledge that as a FULL-TIME student, my health insurance is comparable to MSM’s health insurance and is valid in New York State for the entire academic year. I also understand all students enrolled for a FULL-TIME program of study at Manhattan School of Music are required to be covered by a sickness and accident (medical) insurance program. By signing this form I am not purchasing the Student Accident & Sickness Insurance Plan. I am responsible for any medical expense incurred during my enrollment at Manhattan School of Music and the school will not be responsible for any accident or sickness medical expense.

SECTION B – Private Insurance Information

Name of Insurance Company: _____

Address: _____

Policy Holder: _____ **Coverage Period:** _____

Policy # _____ **Group #** _____ **Phone#** _____

Attach Proof of Coverage – A front and back copy of your valid insurance card is required!

Signature of Student or Policy Holder **OFFICE USE:**
Date Received _____