



Student Insurance Petition to Waive Form After Published Deadline

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED.

Please print clearly to insure accurate processing.

Date _____

Name of College/University _____

Student's Name _____ ID Number _____

Address _____

(notification will be sent to this address)

Date of Birth _____ Telephone # _____ Email _____

Individual Completing Form _____

(if other than student)

Relationship to Student _____

THIS SECTION MUST BE COMPLETED

Provide a detailed explanation of the extenuating circumstances that caused you to miss the deadline.

A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD MUST BE SUBMITTED WITH THIS PETITION.

Name of Insurance Carrier _____ Policy/Group # _____

Address of Insurance Carrier _____ Telephone Number _____

Name of Policyholder _____

By submitting this Petition, I certify that:

1. I am currently covered and will continue to be covered throughout the year by the insurance carrier listed above.
2. I have compared my current coverage with the school-sponsored plan and have determined them to be comparable.
3. I understand that if this petition is approved, I will be responsible for any and all medical expenses and that neither the school nor the student insurance plan will be responsible for any medical expenses.
4. I understand that if this petition is approved, I cannot enroll in the school's student insurance plan until the next policy year unless I experience a qualifying event and consequently submit a Petition to Add form.
5. I certify that the above information is true and accurate.

*****I understand that this Petition is subject to Koster Insurance Agency's approval and that their decision is final.**

Signature (parent/guardian's signature required if student is under age 18)

Date

To be completed by Koster Insurance Agency

Approved _____ Denied _____ Date _____

Please complete and return it to: Koster Insurance Agency, 500 Victory Rd., Quincy, MA 02171

Fax to 617-479-0860

Revised 09/04