

WAIVER CARD – STUDENT HEALTH INSURANCE FOR FULL-TIME AND ALLIED HEALTH STUDENTS ONLY

LAST NAME (PRINT)

FIRST NAME

GCC Student Identification Number

ADDRESS

Birth date: _____/_____
 Month Day

I WILL **NOT** BE JOINING THE STUDENT HEALTH INSURANCE PLAN FOR THE CURRENT ACADEMIC YEAR BECAUSE I HAVE COVERAGE COMPARABLE TO THE HEALTH BENEFITS OF THE COLLEGE PLAN THROUGH MY OWN OR MY FAMILY'S MEMBERSHIP IN THE FOLLOWING GROUP OR PRIVATE POLICY:

NAME OF INSURED i.e.: (parent's name)

RELATION TO STUDENT

INSURANCE COMPANY OR GROUP NAME

POLICY # OR GROUP #

FULLY UNDERSTAND THAT I AM LEGALLY RESPONSIBLE FOR MEDICAL EXPENSES INCURRED DURING MY ENROLLMENT AT THE COLLEGE:

DATE

STUDENT SIGNATURE

PLEASE SUBMIT TO THE **BUSINESS OFFICE** NO LATER THAN THE **10TH DAY OF THE SEMESTER.**

SUBJECT: STUDENT HEALTH INSURANCE COVERAGE

NO: 8018

NEW JERSEY PUBLIC LAW 1989 CHAPTER 1

Requires that ALL FULL-TIME students must maintain health insurance which provides basic hospital benefits. Students **WITH** health insurance are **REQUIRED** to complete an **INSURANCE WAIVER** (found at the Business Office). Students who **DO NOT** have current health insurance are required to purchase an annual health insurance group policy through a plan provided by the Business Office, at the time of registration.

IMPORTANT:

All currently registered FULL-TIME students are automatically charged the fee for annual health insurance coverage. It is the students' responsibility to complete the proper **HEALTH INSURANCE WAIVER FORM** and turn it in to the Business Office no later than the 10th day of the semester, in order for the charge to be deducted from the current bill. Students **MUST** submit a waiver from each and every school year.