



# Rollins College Student Health Insurance Form

This insurance is a secondary policy; therefore if you choose to purchase this policy and are covered under another health insurance plan, this plan will pay excess. Both plans work together to pay 100% of bills incurred. The excess plan covers all unpaid deductibles, co-insurance and excess limits not covered under your primary plan. If you will not be covered under another health insurance plan then this plan will be your primary coverage. Note: Some HMO health insurance plans do not cover individual out of the area. You should check with your insurance company to determine if your insurance plan will cover your son or daughter out of the area while attending school. All full-time undergraduate Arts and Science Students and international students in all programs are automatically enrolled in the Student Health Insurance plan, unless you complete this form and waive by showing proof of adequate insurance coverage.

**Note: International students must submit the International Student Health Insurance Waiver form located at [http://www.rollins.edu/finance/forms/Images\\_Forms/Bursar%20Forms/InternationalStudentWaiver.pdf](http://www.rollins.edu/finance/forms/Images_Forms/Bursar%20Forms/InternationalStudentWaiver.pdf). The International Student Health Insurance Waiver form must be completed by an insurance company representative.**

Student's Name: \_\_\_\_\_ Rollins ID #: \_\_\_\_\_

Please check the appropriate line for health insurance coverage for the individual named above and complete the information in that section:

\_\_\_\_\_ 1. Waive--Enrolled in parents or individual insurance plan  
Name of Insurance Company: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_  
Policy #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\_\_\_\_\_ 2. Enrolled in parent or individual insurance plan and will purchase the Colleges health insurance.  
Name of Insurance Company: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_  
Policy #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\_\_\_\_\_ 3. Do not have any other insurance and will purchase the schools insurance policy.

Printed Name: \_\_\_\_\_ Parent or Student Signature: \_\_\_\_\_

**This form must be returned no later than July 16, 2007.  
If waiver is not received by this date, you will be enrolled in the Health Plan  
and will be responsible for the premium fee.**

**PLEASE RETURN THIS FORM TO: ROLLINS COLLEGE - OFFICE OF THE BURSAR  
1000 HOLT AVENUE – 2716, WINTER PARK, FL 32789 OR  
SEND VIA FAX TO 407-975-6497.**

*Please retain a dated copy for your records as proof of submission.*