

NIAGARA COUNTY COMMUNITY COLLEGE APPLICATION -OR- WAIVER OF BENEFIT FORM

Please check one of the three boxes below.

Print name, provide Social Security #, complete as applicable, and sign. Return to the Cashier.

Student's Name _____ Soc. Sec. # _____

Please Print

APPLICATION FOR INSURANCE

- I wish to enroll in Plan I, Basic Accident Benefit. Rate - \$12.00 from 9/1/09, or date following date of receipt, to 9/1/10. (Students initially insured at the start of the Spring Semester - \$8.00 from 1/18/10, or date of receipt, to 9/1/10. Summer Semester - \$4.00 from 5/1/10, or date of receipt, to 9/1/09.
- I wish to enroll in Plan II, Basic Sickness plus Supplemental Insurance. Rate - \$215.00 from 9/1/09, or date following date of receipt, to 9/1/10 (Student initially insured at the start of the Spring Semester - \$143.00 from 1/18/10, or date of receipt, to 9/1/10. Summer Semester - \$76.00 from 5/1/10, or date of receipt, to 9/1/10.

WAIVER OF INSURANCE

- I hereby waive my right to benefits under the plan and state that I shall assume all obligations as the result of any medical expenses incurred by me during the forthcoming school year. I have read the brochure describing the Insurance Plans offered by the College and I am NOT purchasing Plan I or Plan II. I am presently insured with:

Name of Insurance Company

Insurance Policy ID Number

Date _____ Signed _____

Student, Parent or Guardian