



FISHER COLLEGE

Student Health Insurance Enrollment/ Waiver Form

(Please print clearly and complete all information.)

Student Name: _____

SSN: _____

Campus: _____ Degree or certificate enrolled in: _____

Term Enrolled (first semester): Fall/Spring (circle one) Year: _____ Current Term: _____

CHOOSE ONE:

Yes, ENROLL ME in the student health insurance plan at Fisher College.
 I understand that I am responsible for the cost of this insurance.
If selecting this option, please skip to signature.

My health insurance plan is not Mass Health. (If your health insurance plan is Mass Health, the student must be under age 19 for the entire academic year or obtain a letter from Mass Health stating that they are aware the student is both a full-time student and over age 19.)

AND

My health insurance plan is NOT an out-of-state HMO.

AND

My health insurance plan is NOT an international insurance plan.

AND

My health insurance plan is NOT Commonwealth Care.

AND

My health insurance plan is NOT a part of a free-care, hospital-based program.

AND

I am currently participating in, and will continue to participate in, the health insurance plan I have listed below. I understand I am responsible for my own medical expenses and neither Fisher College nor Fisher College's designated health insurance company will be responsible of those expenses.

Health Insurance Co: _____

Policy Number: _____

Name of Subscriber (individual holding the policy): _____

Relationship of Subscriber to Student: (i.e., parent, spouse, self): _____

Subscriber's Workplace (company name): _____

Claims Mailing Address - Street Address _____ City _____ State _____ Zip _____

I HAVE ATTACHED A PHOTOCOPY OF THE MEMBERSHIP CARD

Student's Signature: _____ Date: _____

Students age 19 and over.

Parent/Guardian Signature: _____ Date: _____

Please return to Health Center @ 118 Beacon Street, Boston, MA 02116

