BERKLEE COLLEGE OF MUSIC
WAIVER FORM

This form must be completed and returned by the bill due date.

STUDENT INFORMATION

Student Name:_____ Student ID#_____
Last First MI

Address:_____ Date of Birth_____
Street City State Zip Code mm/dd/yyyy

Email Address_____ Telephone Number(____)_____

WAIVER SECTION

____ I do not want to enroll in the Student Accident and Sickness Insurance Plan because I have comparable coverage that meets the State of Massachusetts minimum benefit levels as required by law.

I understand that even though I waived the Student Accident and Sickness Insurance Plan, I will be charged a mandatory fee for the Accident Only Insurance Plan.

I further understand that I if waive the Student Accident and Sickness Insurance Plan, that will not be able to enroll at a later date unless I lose coverage under my current health insurance Plan.

INSURANCE COMPANY INFORMATION

In order to waive, you must provide all of the following information:

Name of Insurance Carrier_____ Policy Number_____

Address of Insurance Company_____

Name of Policyholder_____ Relationship to Student_____

Signature of Student_____ Date_____
(If under 18, parent/guardian's signature is required)

International Students can only waive the Student Accident and Sickness Insurance Plan if their current plan is an embassy-sponsored program.

ADDITIONAL OPTIONAL COVERAGE

- Students who enrolled in the Student Accident or Sickness Insurance Plan have the option to enroll their eligible dependents.
- International students or domestic students planning to study abroad who waive the Student Accident and Sickness Insurance Plan can purchase separate coverage for Medical Evacuation and Repatriation of Remains.

Students interested in either option should contact Koster Insurance Agency at 617-770-9889 or 800-457-5599.

Failure to return this form will result in the automatic enrollment in the Student Accident and Sickness Insurance Plan. Return to:

Office of the Bursar
Berklee College of Music
1140 Boylston Street, Box MS-921 CMP
Boston, MA 02215