RMCAD

Student Health Insurance Waiver

Rocky Mountain College of Art +Design requires that all students enrolled in nine (9) credits or more carry medical insurance coverage. Unless this waiver is submitted along with accompanying proof of current insurance coverage, students are automatically enrolled in the College sponsored plan. All students enrolled in the College sponsored plan are billed automatically each fall and spring semester for the premium.

If you are covered by other medical insurance and wish to waive the coverage offered by the College, you must return this completed waiver form and proof of your existing coverage to the Dean of Students by August 1. If you wish to waive the College sponsored plan beginning in the spring term, your waiver must be received by January 1.

A. Personal information:

Academic year for which waiver and proof of insurance are being provided_____

Student ID Number: _____ _____ _____ _____ _____ _____ _____

Name: _____

Last First Middle Initial

Mailing Address:_____

Street Apt. #

_____

City State Zip Code

B. Proof of insurance coverage:

Copy the front and back of your insurance card on a separate piece of paper and attach to this form.

C. Ensure that your waiver form is received by the deadline.

Mail or fax your waiver form and proof of insurance coverage to:
RMCAD
Attention: Dean of Students- Health Insurance
1600 Pierce Street
Lakewood, CO 80214
FAX: 303.759.4970

D. Signature and Date:

My signature below affirms that all of the information provided is accurate. I further release the College from any liability related to my health care because of this waiver.

_____

Student Signature Date
(Parent or Guardian signature if under 18)