

RmCAD

NEW STUDENT HEALTH INSURANCE FORM

Rocky Mountain College of Art + Design requires that all students enrolled in nine (9) credits or more carry health insurance coverage. Unless proof of current insurance coverage and a waiver form is provided annually, students are automatically enrolled in the College sponsored plan. All students enrolled on the plan are billed automatically for the premium.

If you will be starting your studies at RMCAD in the fall term, you must return this completed form **by July 15** to the Admissions Office. If you begin your studies at RMCAD in the spring term, the form must be received by **January 1**. For students starting classes at RMCAD during the summer term, please submit the form by **May 1**.

Personal Information

Name: _____
Last First Middle Initial

Academic year for which form is being submitted: _____
Fall Year Summer Year

Start term at RMCAD: _____
Fall/Spring/Summer Year

OPTION A: I will not be covered by an external insurance provider for the academic year indicated on this form and therefore understand that I will be enrolled in the College sponsored plan if I am enrolled in 9 or more credits.

My signature below affirms that I understand that I will be enrolled in the College sponsored health insurance plan for the academic year indicated on this form and will be responsible for the health insurance premium.

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

OPTION B: I will have health insurance coverage for the academic year indicated on this form from a source other than the College sponsored plan. My coverage will extend for the duration of the academic year listed. **Proof of this insurance (typically a photocopy of both sides of a health insurance card) is attached to this form.** I understand that I will be required to submit a new waiver form, available through the Dean of Students, for subsequent years that I am enrolled at RMCAD if I do not wish to be added to the College sponsored plan.

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 I am waiving the College sponsored health insurance coverage.

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

Mail or fax your waiver form and proof of insurance coverage to:
Rocky Mountain College of Art and Design
Office of Admissions
1600 Pierce Street
Denver, CO 80214
FAX: 303.759.4970