

STUDENT ACCIDENT & HEALTH INSURANCE PLAN WAIVER 2008-2009



IMPORTANT: HEALTH INSURANCE IS REQUIRED FOR ALL DEGREE SEEKING STUDENTS ENROLLED IN SIX (6) UNITS OR MORE.

All student accounts are charged the premium of \$511.00 for Fall 2008 and \$712.00 for Spring/Summer 2009. Fall coverage runs from 8/15/08 through 1/17/09. Spring/Summer coverage runs from 1/17/09 through 8/15/09. To waive the Student Accident and Health Insurance for the 2008-2009 academic year, you must have comparable insurance and complete this waiver form and provide proof of coverage (e.g. copy of health insurance card, certificate of coverage) to the SFAI Student Accounts Office no later than **Monday, September 16, 2008** for Fall 2008 semester students. For new Spring 2009 semester students, or students wishing to waive health insurance coverage for Spring and Summer semesters, the deadline is **Monday, February 9, 2009**. Once granted, waivers are valid for the remainder of the 2008-2009 school year. **Waivers must be renewed in the Fall of each new academic year.** Coverage is also available for spouses and dependent children. Contact the Office of Student Affairs at 415-749-4525 for enrollment information and for lists of preferred health providers.

- I will not be joining the San Francisco Art Institute sponsored health insurance plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at SFAI and that SFAI will not be responsible for any medical expense. I am currently covered under the following policy:**

Insurance Company Name: _____

Subscriber Name: _____

Relationship to Student: (Spouse, Parent/Guardian, Self) _____

Policy #: _____ Group #: _____

Signature: (Student, Parent/Guardian) _____ Today's Date: _____

Policy Effective Date: _____ Policy Termination Date: _____

****PROOF OF COVERAGE (e.g. copy of health insurance card, certificate of coverage) IS REQUIRED TO PROCESS WAIVER ****

Student Name: (Print Student's Name) _____ Student ID#: _____

Street Address: _____

City/State/ZIP: _____

Social Security #: _____ Phone: _____

**COMPLETE THIS FORM, ATTACH
PROOF OF COVERAGE & RETURN TO**
Student Accounts Office, SFAI
800 Chestnut Street, San Francisco, CA 94133
Tel: 415-749-4544, Fax: 415-351-3513
Email: Stacctcs@sfai.edu

DEADLINE TO SUBMIT WAIVER FORM/ PROOF OF COVERAGE

Fall Semester - Monday, September 16, 2008
(Waive for 2008-2009 academic year)

Spring Semester - Monday, February 9, 2009
(Waive for Spring/Summer 2009 coverage)

Waivers/Proof of Coverage received after the deadline are subject to review and are not guaranteed to be granted.