



STUDENT INSURANCE 2011 – 2012 (US CITIZEN)

All full-time students are entitled to use the Student Health Center located on campus at no cost to the student. There will be an additional charge for prescription drugs and lab work. These charges will be billed to the student's account in the Business Office.

All full-time students are included in the Plan I - \$10,000 Student Injury Program. Florida Southern College pays the premium for this insurance.

In addition to the Plan I Student Injury Program, Plan II – Sickness coverage is added on a waiver basis. All full-time students will be included in this program and will be charged unless they decline this coverage in writing by completing the cancellation request below and returning this request to the Business Office on or before August 22, 2011 for the academic year or for new students beginning class in January, on or before January 9, 2012. A waiver form is required and must be completed for each academic year.

This plan provides, in addition to injury coverage, partial protection from the expenses of more costly illnesses requiring hospital care, surgical treatment, or physician's services. These are disabilities that can seriously disrupt the educational budget. Reimbursement under the waiver sickness plan will be made to the limits described in the brochure that will be mailed with your first term statement. The cost of Plan II – Sickness coverage is \$650.00 for the academic year. New students beginning classes in January may purchase ½ year coverage for \$373.00. Brochures will be furnished with your billing statement for the semester.

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**REQUEST FOR CANCELLATION OF STUDENT SICKNESS INSURANCE
COVERAGE (2011 – 2012) US CITIZEN**

Student's Name: _____ FSC ID#: _____
(Please print) SOC SEC#: _____

Please cancel the insurance charge for the Student Sickness coverage for the (check one) Academic year @ \$650.00_____ or for ½ year coverage @ \$373.00 (New student spring term only)_____ as I have adequate coverage under the following policy.

The following information is required for cancellation.

Insurance Company Name: _____

Group No: _____

Policy/Contract No: _____

Member/ID/Subscriber No: _____

Date: _____

Student's Signature: _____

** Return to address below **