



To have the Student Accident Insurance premium charges waived, submit this completed form along with a copy of your insurance policy or insurance card to the Health Centre/Campus Nurse at the Oakes Field or Northern Bahamas Campus by the last Friday in August (Fall admits) and the last Friday in October (Spring admits). Failure to submit by this deadline will result in the insurance charges being placed on your account.

Name: _____
Last First Middle

Date of Birth: ___/___/___ Telephone: ___/___/___
Day / Month / Year Home / Work / Cell

UB ID Number: _____ UB E-mail: _____

All correspondence related to the processing of this application will be sent via your UB E-mail address.

*INSURANCE INFORMATION

Table with 2 columns: Field Name, Value. Fields include Name of Policyholder, Policyholder/Member ID#, Type of Insurance, Name of Insurance Company, Student's Relationship to Policyholder.

*Attach a copy of the insurance policy or insurance card to this form.

I hereby certify that I am currently insured under the abovementioned policy and will continue to be insured throughout the academic year. I understand that if this application to waive the accident insurance coverage under the University of The Bahamas policy is approved, I will be solely responsible for my medical expenses and neither UB nor its student accident insurance provider will be responsible. I understand that it is my responsibility to notify the Campus Nurse immediately if I lose my private medical insurance coverage at any point and for any reason during the period for which the waiver applies. Should I fail to notify the Campus Nurse, neither UB nor its accident insurance provider will be held responsible or liable for my expenses.

Signature of Student/Parent or Guardian (for student under 18 years of age) _____ Date _____

Signature of Policyholder _____ Date _____

FOR OFFICIAL USE ONLY

Table with 4 columns: Approved, Denied, Date, Name, Signature.