

**ON-LINE WAIVER AVAILABLE AT**  
**www.studentplanscenter.com**

**MUSKINGUM COLLEGE**  
BUSINESS OFFICE • NEW CONCORD, OHIO 43762

**WAIVER REQUEST—STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

I have read the details concerning the 2007–2008 Student Accident and Sickness Insurance Plan, underwritten by Commercial Travelers Mutual Insurance Company, now being made available to the students of Muskingum College, and DO NOT wish to participate since I have adequate coverage under another plan. Please delete this charge from my account.

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Please Print) (Last) (First)

Parent Group (Employer) Name \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student or Parent/Guardian (Parent/Guardian must sign if student is under 18 years of age)

**Students desiring to waive the Student Accident and Sickness Insurance Plan must complete and return this request to the Business Office no later than August 31, 2007 or a charge of \$125 will remain on your account for each semester.**

WC-M3A54

***(See On-line Waiver instructions on the back of this card.)***

**To complete the On-line Waiver go to [www.studentplanscenter.com](http://www.studentplanscenter.com).**

**Click on Muskingum College, then click on  
Forms and On-line Waiver.**

**Print out the confirmation for your records as this is the only documentation you will receive  
that the form was submitted.**

**This option will not be available after August 31, 2007.**

**If the college does not receive this waiver by August 31, 2007,  
you will be automatically included in the plan.**