

**APPALACHIAN BIBLE COLLEGE
WAIVER**

2011-2012

CERTIFICATE OF COMPARABLE COVERAGE

I voluntarily waive participation in Part C of the Appalachian Bible College sponsored Student Sickness and Major Medical Insurance Program. I certify that I have comparable coverage through either my parents or my personal coverage under:

Name of Insurance Co. _____

I fully understand that I am legally responsible for any medical expenses incurred by me during my enrollment at Appalachian Bible College, and that Appalachian Bible College will not be responsible for any medical expenses.

Student's Name (Please Print) _____

Signature _____ Date _____

IMPORTANT: If coverage is being waived, return this completed card and a copy of your current medical insurance card to the Business Office by September 10, 2011. Failure to do so will result in your being automatically enrolled in this Student Insurance Program.

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