BROWN UNIVERSITY
STUDENT HEALTH INSURANCE PLAN

SUMMER TERM WAIVER
DEADLINE: MAY 18, 2007

Brown University requires all students to participate in a comprehensive health insurance plan. To ensure that all students are covered, you will be **automatically enrolled** in the University's Student Health Insurance Plan (SHIP), and your student account will be charged the $528.00 summer premium for coverage effective June 1 - August 15, 2007.

If you have a comparable health insurance plan and DO NOT want Brown University's SHIP, please complete the information requested below, sign, and return by the deadline of **May 18, 2007**. It is the student's responsibility to ensure that the Insurance Office receives the waiver form by the deadline. You may return the completed form by fax to 401-863-1566 or by mail to:

Brown University
Insurance Office
164 Angell Street - Box 1848
Providence, RI 02912

Important Note: If you will be enrolled at Brown University for the 2007-08 academic year, you will receive an additional student health insurance packet in May. If you plan on waiving SHIP for the 2007-08 academic year, you will need to submit another waiver. Separate waivers must be completed for the summer term (6/1/07 - 8/15/07) and the 2007-08 academic year (8/15/07 - 8/15/08).

To waive participation in Brown University's SHIP, complete the following information. Please print and be sure that all information is complete and accurate. Incomplete forms will be returned. (*Before waiving SHIP, please verify that your insurance company provides adequate coverage while you are overseas. Check to ensure that your plan will cover you for the duration of the study abroad program.)*

Name of Insurance Company | Policy ID # | Insurance Company Phone #

Insurance Company Claims Address (Street or P.O. Box #, City, State, Zip Code)

Name of Policyholder | Relationship to Policyholder (Self or Dependent) | Group Name or Number

I certify that I wish to waive participation in Brown University's Student Health Insurance Plan (SHIP).
I will participate in a health insurance plan other than the University SHIP while enrolled as a student at Brown University. I have compared my health insurance plan with the University SHIP and have determined the benefits to be comparable. I understand that I will be responsible for my medical expenses and that neither the University nor the Student Health Insurance Plan will be responsible for any medical expenses.

Print Student Name | Student ID # | Student's Signature | Date

Parent/Guardian Signature (required if student is under age 18) | Date