

**WAIVER CARD
2004-2005**

**Policy Number 2004-278-1
2004-278-2**

Student Name _____ S.S. # _____

I will not be joining the DeVry University. sponsored student health insurance plan because I have comparable coverage to the health benefits of the DeVry University plan through my or my parents' membership on the following group or private policy:

Group Name _____ Group No. _____

Insurance Company Name _____ Policy # _____

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at DeVry University and that DeVRY University will not be responsible for any medical expense. It is also understood by me that if I lose my medical insurance protection, I will notify the Student Services Office and make necessary arrangements to join the sponsored plan.

Signature _____ Date _____

(Student, Parent or Guardian)