

9900211



## Wisconsin Technical Colleges Student Accident Insurance Coverage Waiver Request Form Student Accident Only Insurance Summary of Benefits

What:	Provides 100% coverage of reasonable and customary charges, no deductible to \$50,000
	per injury to a student injured on the way to or from or in class.
Who:	Students enrolled in a class or practicum program
How Much:	\$6.00 per semester
Insurance will including dedu	omprehensive health insurance plan that is subject to a deductible, the Student Accident supplement your existing policy to provide coverage of incurred medical expenses at 100% ctibles, coinsurance, and out of pocket costs that you would normally incur without a nsurance policy.
	See policy for details of coverage and exclusions.  https://www.gtc.edu/current-students/student-accident-insurance
I am requesting	a waiver of the student accident insurance premium of \$6.00 per semester.
Answer YES or	NO to the following questions below:
•	comprehensive health insurance plan that pays reasonable and customary medical charges, ency room visits, physician charges and ambulance transportation? Yes $\Box$ No $\Box$
Does your insur	ance policy provide a maximum benefit of at least \$50,000 or greater? Yes $\square$ No $\square$
showing that the	insurance program enrollment card, certificate of insurance or other policy documentation e coverage is in effect and will remain in effect through the end of the current semester, which ed with this form. A NO answer to either of the questions will result in a denied waiver.
I certify that all	statements made on this application are true.
Signature	
Signature of Stu	dent Seeking Waiver:
Print Name of S	Student Seeking Waiver:
Date Submitted:	
For official <b>Sch</b>	ool Name use only:

Request is: \_\_ Granted (refund to be issued by Student Accounts)

\_\_ Denied – Reason: \_\_\_\_\_