

**MANHATTAN CHRISTIAN COLLEGE 2013-2014 FALL SEMESTER HEALTH CARD**

Complete the form and return it to: Manhattan Christian College, Business Office, 1415 Anderson Avenue, Manhattan, KS 66502.

**PLEASE CHECK BOX THAT APPLIES TO YOU: (You must check one of the following boxes.)**

- 1)  I accept the Manhattan Christian College medical insurance plan after carefully reading the brochure. (Please see enrollment form for **rate and further instructions**.)
- 2)  I waive the medical insurance plan offered by Manhattan Christian College because I am covered by equivalent medical insurance from another source. (Please PRINT information below.)

**OR**

- I have paid for Lafene with my KSU fees.
- 3)  I want to pay for Lafene through MCC.

**STUDENT'S NAME** \_\_\_\_\_

**NAME OF OTHER INSURANCE COMPANY** \_\_\_\_\_ **POLICY#** \_\_\_\_\_

**NAME OF POLICYHOLDER** \_\_\_\_\_ **RELATIONSHIP OF POLICYHOLDER TO STUDENT** \_\_\_\_\_

Do you expect to maintain this insurance through 1/16/2014?  YES  NO

DATE OF COVERAGE TERMINATION (IF ANY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(MM/DD/YY)

**SIGNATURE OF STUDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(MM/DD/YY)