

MANHATTAN CHRISTIAN COLLEGE 2010-2011 SPRING/SUMMER SEMESTER HEALTH CARD

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 7/31/2011? YES NO

DATE OF COVERAGE TERMINATION (IF ANY) _____/_____/_____
(MM/DD/YY)

SIGNATURE OF STUDENT _____ **DATE** _____/_____/_____
(MM/DD/YY)

RETURN TO: MANHATTAN CHRISTIAN COLLEGE
Business Office
1415 Anderson Avenue
Manhattan, KS 66502