

MANHATTAN CHRISTIAN COLLEGE 2011-2012 SPRING/SUMMER 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 7/31/2012? YES NO

DATE OF COVERAGE TERMINATION (IF ANY) _____ / _____ / _____

(MM/DD/YY)

SIGNATURE OF STUDENT _____ **DATE** _____ / _____ / _____

(MM/DD/YY)