FOR FULL-TIME UNDEGRADUATES ONLY **Circle one** **FALL SPRING SUMMER**

This CANCELLATION CARD and a copy of your **proof of alternate insurance coverage** must be presented at confirmation. It cannot be accepted later without **proof of alternate insurance coverage.**

Print Name _____ SSN# _____
Last First MI

I do not need the hospital/doctor insurance plan available to me as a student at NEIU because I already have insurance coverage through the:

_____ parent
_____ under the name of: _____ employer
Name of Insurance Carrier _____ self/spouse

Please exclude my name from the insured students list delete the insurance fee from my bill this term.

Signature _____ Date _____