

Health Insurance Information (Compulsory)

STUDENT INFORMATION WAIVER SECTION ADDITIONAL OPTIONAL COVERAGE

Failure to return this form will result in the automatic enrollment in the Student Health Insurance Plan.

Return to:

The Principal, Phoenix Benedict Music Academy, Student Enrollment, P O Box 44212, Linden, Johannesburg, GAUTENG, South Africa 2195.

____ I do not want to enroll in the Student Health Insurance Plan because I have comparable coverage that meets the South African minimum benefit levels as required by law. I further understand that if I waive the Student Health Insurance Plan, I will not be able to enroll at a later date unless I lose coverage under my current Health Insurance Plan.

INSURANCE COMPANY INFORMATION

In order to waive, you must provide all of the following information:

Name of Insurance Carrier _____
Policy Number _____ Address of Insurance
Company _____
Name of Policyholder _____
Relationship to Student _____
Signature of Student _____

Date _____ (If under 18, parent/guardian's signature is required)

International Students can not waive coverage unless they are currently enrolled in an insurance plan of comparable coverage through a South African based insurance company.