



Thomas Aquinas College Student Health Insurance Plan Waiver Form

The State of Massachusetts requires all full-time students enrolled in a degree granting program of higher education participate in an ACA-comparable health insurance plan and provide proof of this coverage by submission of this waiver form each academic year. Submission of this form confirms that your health insurance plan provides ACA comparable coverage which will be in force for the **entirety** of the 2023–2024 academic year.

Please complete the following:

Student Information

Student Name:
Email Address:
Gender:
Date of Birth:
Home Address:
Phone:

Insurance Information

Insurance Company Name:
Member ID Number:
Policy Number:
Insurance Company Address:
Insurance Company Phone:
Subscriber Name:
Subscriber Relationship to Student:

I certify by submission of this waiver form that all information provided constitutes truthful and accurate statements. The coverage under this health plan provides ACA comparable, comprehensive coverage in the Northfield area. I also certify that my insurance coverage will remain in effect without restrictions providing coverage in the State of Massachusetts **during the academic year 2023–2024**. I understand that I am legally responsible for any medical expenses incurred during my enrollment at Thomas Aquinas College during the 2023–2024 policy year and that the College will not be held responsible for any of my medical expenses once I waive coverage.

Student signature _____ Date _____