



Wisconsin Technical Colleges Student Accident Insurance Coverage Waiver Request Form

Student Accident Only Insurance Summary of Benefits

What:	Provides 100% coverage of reasonable and customary charges, no deductible to \$50,000 per injury to a student injured on the way to or from or in class.
Who:	Students enrolled in a class or practicum program
How Much:	\$6.00 per semester
If you have a comprehensive health insurance plan that is subject to a deductible, the Student Accident Insurance will supplement your existing policy to provide coverage of incurred medical expenses at 100% including deductibles, coinsurance, and out of pocket costs that you would normally incur without a supplemental insurance policy.	
See policy for details of coverage and exclusions. www.gallagherstudent.com/MATC	

I am requesting a waiver of the student accident insurance premium of \$6.00 per semester.

Answer YES or NO to the following questions below:

Do you have a comprehensive health insurance plan that pays reasonable and customary medical charges, including emergency room visits, physician charges and ambulance transportation? Yes ☐ No ☐

Does your insurance policy provide a maximum benefit of at least \$50,000 or greater? Yes ☐ No ☐

A copy of your insurance program enrollment card, certificate of insurance or other policy documentation showing that the coverage is in effect and will remain in effect through the end of the current semester, which must be submitted with this form. A NO answer to either of the questions will result in a denied waiver.

I certify that all statements made on this application are true.

Signature

Signature of Student Seeking Waiver: _____

Print Name of Student Seeking Waiver: _____

Date Submitted: _____

For official **School Name** use only:

Request is: ☐ Granted (refund to be issued by Student Accounts)

☐ Denied – Reason: _____