

# STUDENT HEALTH AND ACCIDENT INSURANCE REPORTING FORM



KALMANOVITZ  
SCHOOL OF  
EDUCATION

## A. Proof of Insurance

Saint Mary's College of California requires health and accident insurance for all students enrolled in the Kalmanovitz School of Education. Please provide proof of health and accident insurance with your application. If you do not currently have insurance and do not plan to secure insurance while enrolled in the Kalmanovitz School of Education at Saint Mary's College, you will be required to sign and complete a waiver form. Please note: Your unconditional acceptance to the Kalmanovitz School of Education will be delayed until proof of insurance or the completed insurance waiver form is in your file.

Print Student Name	Name of Insurance Company
Name of Shareholder	Subscriber Relationship to Student
Policy Number	Policy Effective Date
Signature of Student	Date

## B. Petition for Waiver from Student Health and Accident Insurance

I accept responsibility for my health insurance. I further understand that by submitting this waiver request, I will be responsible for my medical expenses and neither the College nor its health insurance program will be responsible for my medical expenses.

Signature of Student	Date
Print Student Name	

P.O. Box 4350 – Moraga, CA 94575-4350  
Phone 925-631 - 4700 - Fax 925-376-8379  
[www.stmarys-ca.edu/soe](http://www.stmarys-ca.edu/soe)