

Waiver for: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

### SPONSORED STUDENT INSURANCE WAIVER

If you are sponsored by your government or by a company, AND IF your sponsor is also providing you with health insurance complete this form AND attach a copy of your insurance card to this sheet.

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Last Name (Family Name)

First Name

KUID# \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

Current Address:

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Street Number

City

State

Telephone Number: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Coverage effective date: \_\_\_\_\_

Coverage ending date: \_\_\_\_\_

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Signature

Date