Health Insurance Waiver Form

Request for waiver of Southern Miss Group Insurance

I, the undersigned, state that I have health insurance and request Southern Miss to waive the group insurance requirement on my behalf. I am also submitting a copy of my current health insurance policy in English and proof of current enrollment in such plan. I understand this waiver is valid only for the semester indicated, and to continue to receive a waiver I must sign a waiver request each semester.

All waiver requests are subject to approval by the ISSS office.

Name: _____
last first middle

Student ID#: _____

Applying for waiver for:

☐ Fall 20__ ☐ Spring/Summer 20__ (check all that apply)

Mailing address: _____

_____

Email address: _____

Telephone #: _____

Date: _____ Signature: _____

(Copy of insurance policy and proof of current enrollment in policy must accompany this form.)