



10 Brookline Place West • Brookline, MA 02445  
Phone: (800) 903-4425 • Fax: (617) 582-4500  
www.artinstitutes.edu/boston

---

## 2008-2009 Student Accident & Sickness Enrollment/Waiver Form

---

Student Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Student ID #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

**NOTE: ALL STUDENTS MUST COMPLETE THIS CARD!** Massachusetts Law mandates that all full-time and three-quarter time matriculating students must enroll in this Qualifying Student Health Insurance Plan or certify that they have comparable coverage in another plan. Please check the appropriate box:

- YES.** Please enroll me in The New England Institute of Art's Student Accident & Sickness Program as an individual student and add the appropriate premium to my student account.
- NO.** I do not wish to enroll in The New England Institute of Art's Accident & Sickness Program. I certify that I have comparable coverage as indicated below, which will be in force the entire academic year.

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_