



**2020-21 Student Health Service Waiver**

**Enrollment Periods:**      **Fall Semester: 08/01/2020-09/30/2020**  
**Spring Semester: 01/01/2021-02/15/2021 (New Students Only)**  
**Summer Semester: 05/15/2021-06/30/2021 (New Students Only)**

**Please complete all information:**

Student's Name: \_\_\_\_\_

CU Email Address: \_\_\_\_\_

School of Registration: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Full-Time CUIMC Employee Request:**

Department Student is Employed by: \_\_\_\_\_

Department Address: \_\_\_\_\_

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

Department Administrator Name (Print): \_\_\_\_\_

***I understand that I will not have access to any Student Health Service Resources as an employee who waives the Student Health Service fee.***

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Dept. Administrator/Director \_\_\_\_\_

Tel.: \_\_\_\_\_

Print

Dept. Administrator/Director \_\_\_\_\_

Date \_\_\_\_\_

Signature

**EMAIL COMPLETED FORM to: [shsinsurance@cumc.columbia.edu](mailto:shsinsurance@cumc.columbia.edu)  
or FAX: 212-342-3947**