Health Insurance Change Request

In order to rescind your waiver of the Lewis & Clark student health insurance, you must provide written notice from your insurance provider verifying your loss of coverage with them.

To rescind your waiver and enroll in Lewis & Clark's student health insurance plan, you will need to:

- ✓ complete and return this form to Student and Departmental Account Services
- ✓ submit written confirmation of your loss of coverage from your prior insurance provider
- ✓ remit payment for the appropriate school health insurance premium.

Today's Date _____

Lewis & Clark ID# _____

Student Name _____

Year _____ Semester _____

_____Please rescind my previous request to cancel health insurance coverage.

Student Signature: _____

Parent Signature: _____
For students under 18 years of age

Lewis & Clark
Student and Departmental Account Services
0615 SW Palatine Hill Road
MSC: 150
Portland, OR 97219-7899

Phone: 503-768-7829
Fax: 503-768-7908
accountservices@lclark.edu

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