

# **Full-time Columbia University Employee Request for Waiver of Student Health Service for the Fall Semester**

I am requesting a waiver for the **FALL** term of my current Student Health Service. Form must be completed and submit to Kimberly Gonzalez at 60 Haven Avenue or fax to 212 342-3947

NOTE: The Aetna Student Health plan can **ONLY** be waived Online at: [www.cumc.columbia.edu/student/health](http://www.cumc.columbia.edu/student/health)

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Student's Last and First Name

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Student's ID Number (C#) or Social Security Number

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School

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Department student is employed by

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Columbia University Employee Title

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Department address

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Dept. Tel. Number

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School or Department Human Resources Officer - name (Print)

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School or Department Human Resources Officer - signature

***I UNDERSTAND THAT MY ENROLLMENT IN THE STUDENT HEALTH WILL END ON: 08/16/2011***

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*Student's Signature*

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*DATE*

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*Student's Name (PRINT)*