

# Health Insurance Waiver

The Commonwealth of Massachusetts requires all degree students who attend a Massachusetts college to have health insurance. To comply with this regulation, you **MUST** complete this form and return it to Cambridge College as soon as possible.

**Please complete, sign, and send to:**



Cambridge College  
Office of Student Records  
1000 Massachusetts Avenue  
Cambridge, MA 02138

**Yes, I have health insurance**

Name (please print) \_\_\_\_\_

My insurance carrier \_\_\_\_\_

My insurance identification number \_\_\_\_\_

SSN (optional) 

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you do not have health insurance, please call** the Cambridge College Bursar's Office for information, cost and application form at 617-868-1000 ext. 1326 or 800-877-4723 ext. 1326 .