

## **Student Health Insurance Acknowledgment, Waiver, and Release of Liability**

I hereby acknowledge and understand that Swarthmore College (the "College") requires that I have health insurance that meets the College's Health Insurance Requirements. I further acknowledge that a College-approved student health insurance plan (SHIP) is available to all College students, including myself, who do not otherwise possess College-approved health insurance.

For the academic year 2025-2026, I purchased a health insurance plan and submitted a waiver that was denied as it does not meet the College's requirements.

I understand that the College is permitting me to proceed in this manner ONLY for the 2025-2026 academic year, and ONLY upon my execution of this Acknowledgement, Waiver, and Release of Liability (this "Waiver").

I hereby waive the College's SHIP and the coverage offered thereby and voluntarily choose to continue with non-qualifying insurance for this academic year. I acknowledge the inherent risks associated with waiving SHIP coverage, including: the potential for significant out-of-pocket medical costs not covered by my current carrier; the potential inability to receive necessary health care which could impact my College studies, lead to my withdrawal from the College, and disqualification for any direct financial assistance from the College in the event of an unexpected health event which is not covered by my chosen non-qualifying insurance.

I agree to indemnify, defend, and hold harmless Swarthmore College, its trustees, members, agents, and employees from, and against, any and all claims on account of my decision to waive SHIP and to remain in my current health insurance coverage. I have read this waiver of liability and fully understand its terms. I acknowledge that I am signing this Waiver freely and voluntarily, with the intent to be legally bound hereby. I intend for this Waiver to serve as a complete and unconditional release of the College from all liability arising from my waiver of SHIP and my enrollment in my current health insurance plan to the greatest extent allowed by law.

In addition to the above, by signing below, I agree to the following statements:

- I have been offered a student health insurance plan (SHIP) by the College.
- I am electing NOT to enroll in SHIP for the coverage period for the 2025-26 academic year.
- I understand that my current insurance policy does NOT provide coverage that meets the College insurance waiver requirements for students.
- I have been encouraged by the College to either enroll in SHIP or to seek supplemental insurance for the 2025-2026 academic year but have voluntarily declined to do so.
- I will not have the opportunity to enroll in the student health insurance plan outside of the defined open enrollment period for this academic year unless I qualify for enrollment due to a Qualifying Life Event as defined by SHIP.
- I release the College from any claims, liabilities, and financial responsibility whatsoever, without limitation, arising from my decision to waive SHIP and my enrollment in my current health insurance Policy.

Student Name (Printed) \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_