



**A.W.G. Dewar
Tuition Refund Insurance
Waiver of Benefits**

College students: The person submitting this form **MUST** be either the student OR listed on the student's FERPA form on file with Bard College at Simon's Rock.

Academy students: The person submitting this form **MUST** be the person(s) responsible for the student account.

College & Academy students: If you do not wish to participate in the A.W.G. Dewar Tuition Refund Plan, this waiver form must be returned by **August 30, 2024** (or January 30, 2025, for new January-admit students). Otherwise the student will be automatically covered and responsible for the insurance charge.

I have read the details of the A.W.G. Dewar Tuition Refund Plan and I do **NOT** wish to purchase this insurance for:

Student Full Name: _____ Student ID: _____

I waive all rights to benefit under the policy.

Printed name of person submitting this form: _____

Signature: _____ Date: _____

Completed forms may be mailed to address below or emailed to billing@simons-rock.edu.

Bard College at Simon's Rock
Attn: Student Accounts Office
84 Alford Road
Great Barrington, MA 01230