



Tuition Insurance Refund Plan Waiver

This form is required in order to waive participation in the Tuition Insurance Refund Plan (the plan). If you are uncertain about waiving this insurance, please check with your parent or others who assist you with tuition payments.

Student information

Student name _____ Reed ID _____

All undergraduate students will be automatically enrolled for tuition insurance unless they complete a waiver before the first day of the semester. Waivers submitted before the first day of fall semester cover the fall and spring semesters. You may rescind the waiver by emailing the business office at business-office@reed.edu before the first day of classes.

Coverage details

The Tuition Insurance Refund Plan is administered by A.W.G. Dewar (Dewar), Inc., Quincy, Massachusetts. The plan extends and enhances the college's tuition refund policy after week two of the semester. The plan covers 70% of net tuition and fees, less any refund or credit due from the college, for diagnosed medical or mental health withdrawals. Refunds may be affected by financial aid award adjustments. Please visit Dewar's website for more information: <https://www.tuitionprotection.com/reed>.

This plan is made available by Reed College solely as a service to students and parents. The college does not receive any compensation from insurance enrollment.

Questions about coverage

If you have any questions about the plan, please feel free to contact Dewar directly by calling 617-774-1555 or sending an email to trp@dewarinsurance.com.

Waiver of coverage

- I hereby acknowledge that I understand Reed College's tuition refund policy (posted on Reed's website at <https://www.reed.edu/student-accounts/refunds/tuition-refund.html>).
- I understand there will be no exceptions to Reed College's tuition refund policy if I have to withdraw during the semester for a medical reason.

By submitting this waiver, I understand I am opting to not participate in the Tuition Insurance Refund Plan offered by Dewar.

Signature of student, parent, or guardian (invalid without signature)

Student signature _____ Date _____