



Tuition Refund Insurance Opt-Out Form

Student Details

Student First Name: _____ Student Middle Initial: _____

Student Last Name: _____

Student ID: _____ Date of Birth: _____

School Email Address: _____

Student Confirmation

Please confirm, by providing your signature below, that you opt out of Tuition Refund Insurance coverage for the Fall 2021 and Spring 2022 terms:

STUDENT SIGNATURE: _____

Disclosures

***In order to opt out of Tuition Refund Insurance coverage, this Opt-Out Form must be completed and submitted no later than August 29, 2021.**

If you submit a Tuition Refund Insurance Opt-Out Form for the Fall term, you **DO NOT** need to submit a new Opt-Out Form for the Spring term. Your approved Tuition Refund Insurance Opt-Out Form will be effective for the full academic year.

If you have any questions or concerns, please reach out to our customer service team at 888-574-0112 or school_tuitioninsurance@libertymutual.com.

Once your application for opt-out is reviewed and approved, a credit will be applied to your tuition account within 7-10 business days.

Download and complete this form. Save a copy and then email the completed form to:
school_tuitioninsurance@libertymutual.com.