

Please consider these points before cancelling your Student Health Insurance.....

The Student Health Insurance Plan can compliment the family health plan so you may have up to 100% coverage of medical expenses. It can be beneficial to carry both, particularly if the family plan has a high deductible. The Plan provides benefits at 80% after a \$50.00 deductible per diagnosis, per academic year.

The parent's HMO or PPO may only cover the student while in the home area, or may reduce benefits when the student is treated away from home. If the family plan includes that requirement, The Plan can be a good supplement for the student while at school.

The Student Health Insurance fee is assessed to all eligible students enrolled for 9 on-campus hours. Most family/dependent coverage plans require the student be enrolled in 12 hours in order to qualify for their coverage.

The Plan does not have an age limit and provides 24/7 coverage worldwide and the cost is very reasonable compared to health care costs in general.

The Plan provides continuing coverage for May graduates by offering an "Extension of Coverage" through the Summer Term.



STUDENT HEALTH INSURANCE WAIVER

THIS PETITION DOES NOT EXEMPT THE STUDENT FROM THE CAMPUS HEALTH SERVICES

Student Name: _____ SSN or E Number: _____

Permanent Address: _____

City _____ State _____ Zip _____ Local Phone _____

Are you a Lakeveiw College of Nursing Student? Yes _____ No _____ Are you a Graduate Assistant? Yes _____ No _____

If you are an International Student, please contact the International Student Office for assistance.

1. Choose the **first semester you wish the waiver to become effective**. Upon approval, this waiver will continue in effect for all future semesters of enrollment at EIU.
2. **All questions must be answered**. Incomplete forms will not be accepted. Student signature is required.
3. **Attach a copy of the front and back of your insurance card or outline of coverage**. Your EIU coverage will not be cancelled unless you return the completed waiver form and evidence of other coverage to EIU Student Insurance Office by the deadline. The University is not responsible for lost or delayed mail.
4. **Return completed form by deadline to:**

Student Insurance, 600 Lincoln Avenue, Charleston, IL 61920, Tel: (217)581-5290, Fax: (217)581-6422

Waiver Start/Deadline _____ Fall 2010/September 3, 2010 _____ Spring 2011/Jan. 24, 2011 _____ Summer 2011/June 20, 2011

I request a waiver from the Student Insurance Fee on the basis that I have the following coverage currently in force and will continue to be covered under an outside insurance plan.

Name of Insurance Company _____

In whose name is the policy written? Self _____ Spouse _____ Parent _____

If policy through Employer, name of Employer: _____

Policy deductible or co-pay \$ _____ What percent does policy pay, after deductible and/or co-pay is met _____ %

Are you a member of any Inter-Collegiate athletic program (including Cheer Team)? Yes _____ No _____

Student athletes are not eligible for this waiver.

My signature at the end of this statement certifies the accuracy of the preceding statements and acknowledges I understand that:

This Waiver Form will cancel my EIU Student Health Insurance Plan coverage for the semester requested and will continue in effect until such time as I request reinstatement to the Plan or do not respond to a periodic request to confirm that I continue to be covered by another health insurance plan.

In the event of involuntary loss of coverage, I must apply for reinstatement in the Student Health Insurance Plan. Application must be submitted with payment and evidence of loss within 31 days of loss of coverage.

Application and payment for re-enrollment in the Student Health Insurance Plan is required by Count Day of the Term in which re-enrollment is requested.

Requirements and conditions for reinstatement and re-enrollment are available in the current Plan brochure.

STUDENT'S SIGNATURE _____ Date _____

Approved _____ Rejected _____ If rejected, reason: _____

Initial _____ Date _____ Posted _____ OB _____ White – office copy Yellow – student copy