

Student Insurance Spring 2019 Waiver Form – Deadline is 1/18/2019

*The waiver is good for the Spring 2019 Semester **only**.

*Your other coverage must be a PPACA (Patient Protection and Affordable Care Act) compliant plan.

*Students with **Medicaid** as their primary **cannot** waive the Student Insurance.

Student Insurance reduces copays at the Health Service Pharmacy!

Student Insurance should be used along with existing family coverage. Student Insurance is suggested as a way to provide the student guaranteed coverage. There is no network! Students are covered at school, at home, and anywhere they may travel, 24 hours a day, 7 days a week for accidents, illnesses, and other medical conditions including mental health, substance abuse, and maternity. As outlined in the Student Insurance brochure, Student Insurance provides coverage for:

- hospital visits/stays
- ambulance transport
- surgery
- office visits
- lab, x-ray, MRI, CT
- physical therapy

The cost is only \$109.95 for the entire semester.

Instructions:

1. Complete **all** information on this form. Incomplete forms will not be accepted.
2. Attach a copy of the **front and back** of your insurance card. Your coverage will not be cancelled unless you return the completed waiver form and evidence of other coverage to Student Insurance by the deadline. The University is not responsible for lost or delayed mail.

Student Name: _____ E-Number: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Local/Cell Phone: _____

Do the following apply for Spring 2019? Yes No

Lakeview College of Nursing Student

Graduate Assistant

International Student

(Must complete an International waiver. Contact the Student Insurance Office)

Member of any Inter-Collegiate athletic program

Member of Cheer Team

(Student athletes and Cheer Team members are not eligible for this waiver)

Student Name: _____ E-Number: _____

Name of Insurance Company: _____

Policy Holder: Self Spouse Parent

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Identification #: _____ Group #: _____

If policy is through an employer, name of employer: _____

** In the event of loss of coverage, you must apply for reinstatement in the Student Insurance Plan and submit an application, payment and evidence of loss within **31** days.*

** **Acceptance of the waiver does not guarantee approval. The waiver will be approved after the insurance information provided is verified, (process may take up to 60 days). False information will result in the waiver being denied and the fee will be added back to the students account for the Spring 2019 semester.***

** As a reminder, the Plan coordinates with the Student's primary carrier and provides the student worldwide protection, 24-hours a day. Student Insurance can reduce or eliminate out-of-pocket expenses when your primary does not cover 100% of medical costs because of deductibles, co-payments, limitations on benefits, and out-of-network penalties.*

This waiver does not exempt the student from the campus Health Service.

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Student Signature: _____ **Date:** _____

*******Office Use Only*******

Accepted: _____ Date: _____ Initials: _____ Verified: _____ Date: _____ Initials: _____

Denied: _____ Reason for denial: _____ Date: _____ Initials: _____

Approved: _____ Date: _____ Initials: _____ Visual: _____ OB: _____ Mailed: _____ Page 2 of 2