State University of New York Downstate Medical Center
Summer 2011 Student Health Insurance Waiver Form

PLEASE NOTE: THIS FORM MAY ONLY BE USED BY NEWLY ADMITTED STUDENTS TO WAIVE THE SUMMER 2011 HEALTH INSURANCE CHARGE ONLY. FALL 2011 HEALTH INSURANCE WAIVERS WILL BE DONE ON-LINE BEGINNING IN JUNE 2011

Please PRINT, complete, sign and return this form to:
Office of Student Affairs, SUNY Downstate Medical Center, 450 Clarkson Avenue, Box 85, Brooklyn, NY 11203
Fax: (718) 270-7592
Deadline date for receipt of a completed WAIVER FORM is the first day of classes

Your Name: ________________________________________ SUNY ID #: ____________________
First Name                         M.I.                          Last Name (if known)
Date of Birth: ____________________ College (circle one): CHRP Nursing Medicine Graduate Schl MPH
Mo/day/yr

Please check the below option and complete the following:

I am declining to purchase the school health insurance policy because I already have health insurance coverage equal to or greater than what the school policy provides. (see on-line Administrative Guidelines) Should my insurance coverage decline or be terminated for any reason, I understand that I am required to purchase the Student Health Insurance. I also understand that I am required to waive my health insurance coverage at least once per year while enrolled and that I must inform the Office of Student Affairs within 15 days if my coverage changes.

If my coverage is through my family, I have verified that I am only covered until age _______ and my coverage terminates on ___________________. (if applicable)

I have comparable coverage (see Administrative Guidelines) and have attached a copy of my health insurance ID card (front and back.) [Note: If you do not attach a photocopy of your health insurance card, your form will be held as “incomplete” until the photocopy is provided]

Insurance Co.: __________________________________________
Policy # or Group #: ______________________________________
Policy Holder’s Name: _____________________________________
(The policy holder is the person in whose name the health insurance policy is held.)
Your relationship to the policyholder: _________________________
(self, employee, spouse, child)
(Do not forget to fill out the information and sign the reverse side of the form)

Waiver of SUNY-DMC Student Health Insurance Plan

Approved By ____________________ Date _______________
Not Approved By ____________________ Date _______________

Reason(s) why Waiver is not approved:
a. Comparable coverage not in force as of _____________________
b. Coverage is not comparable in the following areas:
   Maximum Benefit: ____________________ Deductible: ____________________
   Coinsurance: _______________________ Rx Benefit: _______________________
   Mental Health/Substance Abuse Coverage: _____________________________
   Other: __________________________________________________________________

Original: Student Affairs Copy 1: Student Copy 2: HSAC

- 1 -
State University of New York Downstate Medical Center
Summer 2011 Student Health Insurance Form Instructions

The additional health risks inherent in a career in the Health Sciences necessitate adequate comprehensive healthcare insurance and SUNY Downstate Medical Center requires that the following registered, matriculated students have health insurance:

- All medical students;
- All full-time undergraduate students (12 or more credits);
- All full-time graduate students (9 or more credits);
- All part-time students engaged in clinical course work.

In addition all agreements with clinical sites require that SUNY Downstate students have health insurance coverage.

Information about the Student Health Insurance

United Healthcare is the insurance carrier for the policy and specific questions regarding enrollment or benefits should be directed to our policy broker at Health Sciences Assurance Consulting, Inc. (HSAC), telephone number (888) 978-8355 (toll free) or Stephanie@hsac.com or Daryl@hsac.com

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Individual Coverage

Students will pay the individual coverage premium at registration. Students may choose to purchase additional coverage for dependents (spouse and/or children) by directly contacting the carrier’s broker and paying the additional premium to the carrier (see UHC information packet for details).

Students Who Currently Have Health Insurance Through Another Source

You may waive student health insurance charges through the Bursar only if you confirm comparable, comprehensive, health insurance coverage through another source (e.g. parents, employed spouse, employer) on the Waiver Form. If you indicate coverage through your parents, you must also indicate the age and date at which your coverage expires. I understand that if I waive enrollment in the SUNY Downstate Medical Center (SUNY–DMC) sponsored Health Insurance provided by United Healthcare my benefits must be equal to or greater than those offered by SUNY-DMC and I authorize verification of my Health Insurance benefits by SUNY-DMC or Health Sciences Assurance Consulting, Inc.

Students who waive the school’s health insurance are responsible for all physician bills, hospitalization and medical bills, and related expenses such as diagnostic testing. However, they are still eligible for the services provided by the Student Health Service.

Completion of Health Insurance Form

We require that all students complete this form. Complete this form once each academic year, prior to the beginning of your first semester, and again each Fall semester and submit it to the Office of Student Affairs (SUNY Downstate Medical Center, 450 Clarkson Avenue, Box 85, Brooklyn, NY 11203) no later than the first day of classes. If you submit the form before the beginning of the semester, your request to be enrolled or waived will be effective commencing the start of the term in which the form is submitted. If your form is received after the first day of the semester, you will be automatically billed for health insurance for that semester and the waiver will be processed for the next semester only.

Change of Health Insurance Status (see Administrative Guidelines)

1. Aging Out – Note the date on which you are no longer eligible for insurance under another plan. You have a limited number of days after your birthday to sign up for the school health insurance policy.
2. If you were previously covered under another health insurance plan, and your status changes (such as marriage, divorce, change of employment, etc.), you must inform the Office of Student Affairs within 15 days of the change if that change changes your insurance coverage.

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By signing below, I acknowledge that I have read both sides of this form, and the 2011-2012 Administrative Guidelines (on-line) completely and that the information I have provided is current and accurate. I understand that I will be automatically billed for the school student health insurance plan and that to have the charge removed, I must complete this form and submit it to the Student Affairs Office at SUNY Downstate Medical Center, with the required documentation by no later than the first day of classes. Should my insurance status change, it is my responsibility to complete a new Waiver form, and submit it to the Office of Student Affairs.

PRINT YOUR NAME: _________________________________________________ _________________________________________________

First name     Last Name

Student Signature (Required): __________________________ (Date) ______________

Student Email Address: ____________________________________ Student Cell Phone/Phone ________________________

(Area code)

4/4/2011