

STUDENT HEALTH INSURANCE WAIVER FORM

(This form does NOT apply to Graduate or International Students)

Binghamton University Policy:

Binghamton University requires all full-time undergraduate students to have health insurance coverage. For undergraduates, full-time is defined as enrolled in twelve or more credit hours in a given term.

Insurance enrollment for **graduate** and **part-time** students is optional. **Graduate students** who are interested in enrolling may do so by contacting the Office of Student Accounts. **International students** are required to enroll in a separate Insurance Plan (International Student Insurance Plan).

ALL Undergraduate students will be charged the insurance upon registration. Undergraduate students may waive the Binghamton University Student Medical Insurance Plan by filing the waiver form below.

There are **TWO** types of waivers:

1. The student HAS coverage through another carrier (this waiver will remain in effect until reversed by the student).
2. The student is registered part time, intends on remaining part-time the entire semester and DOES NOT have coverage through another carrier (this waiver expires at the end of the term).

Students who submit a completed waiver within the first six weeks of the semester (as determined by the official University Academic Calendar) will not be billed the insurance fee, or will have the insurance fee removed from their bill. Note: Waiver forms submitted to the Student Accounts Office after the end of the sixth week of classes will be applied towards the next semester.

If you are a full-time undergraduate student and wish to waive the medical insurance, please follow these instructions:

1. Before waiving Binghamton University Student Health Insurance, please be sure your current coverage can be used for services and referrals in the Binghamton, NY community. Hospital systems include United Health Services Hospitals, Johnson City, NY and Lourdes Hospital, Binghamton, NY. Laboratory tests performed at University Health Service are sent to United Health Services Hospitals.
2. Complete the form below.
3. Mail or deliver to the Student Accounts Office up to the end of the sixth week of classes.

DO NOT SUBMIT the form to University Health Service.

TEAR HERE

INSURANCE WAIVER FORM (please print neatly) - NOT FOR INTERNATIONAL STUDENTS USE	
STUDENT DATA	Student's Last Name _____ First Name _____ M.I. _____ Student's Date of Birth ____/____/____ B-Number _____ Citizenship Status: __US Citizen __Permanent Resident __International student (STOP - This form does not apply to international students.)
	Name of Insurance Company _____ (_____) _____ Insurance Co.'s Telephone number _____ Policy Number (ID# and Group #) _____ Policy Holder's Name If family plan _____
CERTIFICATION	CHECK ONE: <input type="checkbox"/> I hereby apply for a waiver of the Student Accident and Sickness Insurance Plan required by Binghamton University. <u>I certify that I have alternative health coverage now.</u> I have listed the referenced information for my coverage above. I understand that, if I should lose my insurance coverage I must enroll in the Binghamton Student Accident and Sickness Insurance Plan. I may do so by contacting the Student Accounts Office.
	<input type="checkbox"/> I do not have insurance coverage however I will remain a part-time student during this term and I choose to waive the Student Accident and Sickness Insurance Plan. I understand that if I increase my enrollment to fulltime I am required to pay for the insurance premium or provide evidence of alternate coverage and that this waiver expires at the end of this term.
	_____ Student Signature or Parent Signature (ONLY if student is under 18) _____ Date _____
For office use only: TERM _____ Waiver TYPE INSW or INST _____ Attribute updated _____ Initials _____ Date _____	