



## 2009-10 UC Student Health Insurance Waiver Form

Please see reverse side for deadlines & instructions

Student's Name \_\_\_\_\_ Student's UCID# M \_\_\_\_\_

**All sections below must be complete.** Submission of incomplete or verification of falsified information results in mandatory assessment of an insurance charge. If you miss the waiver deadline, you automatically are enrolled in the UC Student Health Insurance Plan and are not permitted to waive coverage until the following term/semester and you will be required to pay for the policy. All completed late waivers are applied to the following term/semester in that same academic year. Please consult your insurance ID card for the following information.

Name of Insurance Company \_\_\_\_\_

Insurance Co. (Customer Service) Phone # \_\_\_\_\_

Member's/Subscriber's Policy ID# \_\_\_\_\_

Name of Policyholder \_\_\_\_\_  Parent  Spouse  Self

Name of Policyholder's Employer \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

Please **EXCLUDE** me from the UC Student Health Insurance Plan. I have health insurance equal to or greater than the coverage offered by the University of Cincinnati and I will not hold the University responsible for my medical expenses. I will inform the UC Student Health Insurance Office as soon as my present coverage is no longer valid. I am aware that my insurance will be verified and hereby authorize the release of my benefit information to UC's Student Health Insurance Office.

**MEDICAID RECIPIENTS:** Please include a copy (front and back) of your current medical ID card.

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### 2009-10 Regulations & Instructions

- University rules require all undergraduate, co-op, and graduate students who register for six (6) or more credit hours to be covered by health insurance. All students who register for co-op or six (6) or more credit hours are automatically assessed health insurance coverage unless they previously have waived coverage during the then current academic year. Students who have been assessed insurance charges are required to pay the charges unless a complete and accurate Insurance Waiver is received by the Student Health Insurance Office no later than the third Friday of the term/semester.
- International students holding F or J Visas registered for six (6) or more credit hours are required to have health insurance coverage equal to or better than that offered by the University and are assessed the University's health insurance coverage unless an online waiver submission is received and approved by the Student Health Insurance Office no later than the third Friday of the term/semester. Policies must contain medical evacuation and repatriation or the waiver will **not** be accepted.
- Waivers are accepted only for a U.S.-based insurance company with a U.S.-based claims company and underwriter; coverage must be equal to or greater than the coverage offered by the University. Policies that do not meet these requirements are not accepted and students are required to purchase the Student Health Insurance policy.
- Calls to University offices, notes written on tuition payments, and verbal waiving do not constitute waivers of coverage.
- All requests for enrollment for the term/semester must be received no later than the third Friday of that corresponding term/semester 2009-10. The fall term deadline for medical students is **September 11** and for non-medical students is **October 9**. Remaining deadlines for medical and non-medical students are: **January 22 (winter)**; **April 16 (spring)**; and **July 9 (summer)**. Semester deadlines are: **September 11 (fall)**; and **January 29 (spring)**.
- For additional information, contact the Student Health Insurance Office at 513.556.6868; Suite 334, the Lindner Center.
- You may return this form by mail to: Student Health Insurance Office, University of Cincinnati, PO Box 210010, Cincinnati, OH 45221-0010; fax this form to: 513.556.6655; or drop it off in person to the Student Health Insurance Office located in the Lindner Center, Suite 334.

*This form may be used for waiver of insurance only. For insurance enrollment, please use the Student Health Insurance Enrollment Form.*

**Dependents of UC employees are required to submit a completed UC Insurance Waiver and are not exempt from this process.**