

HEALTH INSURANCE WAIVER FORM

***** FOR USE BY MEDICAL STUDENTS ONLY *****

Fall 2009 – Spring 2010

Saint Louis University requires all medical students to have basic health insurance. Unless you waive health insurance, you will be charged for coverage, for all semesters in which you are registered, under the University Health Plan (UHP) health insurance plan sponsored by Saint Louis University.

To enroll yourself and/or your dependents in the University Health Plan, a UHP Enrollment Application Form must be completed and returned to the **University Health Plan**. You must complete and submit the UHP Enrollment Application Form before any health care claims will be paid. *Once enrolled, coverage will be effective until June 30th of the year you graduate from medical school unless you waive coverage or become ineligible for coverage under the plan. You do not have to re-enroll for each academic year.*

To waive UHP coverage, you must complete and return this Medical Student Health Insurance Waiver Form with evidence of other coverage in effect. Evidence of other coverage may be either 1) a copy (front & back) of your insurance card that specifically identifies you as a covered member or 2) a letter of coverage verification (which includes your name and policy number) from your current insurance carrier. *Completed Medical Student Health Insurance Waiver Forms and evidence of other coverage documents are only applicable to the academic year for which they are submitted. You must submit a waiver and evidence of other coverage for each academic year you wish to waive UHP coverage.*

To avoid having the **\$1,080 per semester** charge for UHP individual coverage appear on your student account for both the **Fall 2009** and **Spring 2010** semesters, complete and return to the **University Health Plan** this waiver along with evidence of other coverage by **July 1, 2009**. If a waiver is returned on or before **SEPTEMBER 22, 2009**, the charge for **Fall 2009** UHP coverage will be reversed off your student account. As well, you will not be charged for **Spring 2010** UHP coverage.

If a waiver is not returned by SEPTEMBER 22, 2009, you will be responsible for the \$1,080 charge for Fall 2009 UHP coverage. After **SEPTEMBER 22, 2009**, the next opportunity to waive UHP coverage will be during **Spring 2010 Open Enrollment** held **January 1, 2010 – February 10, 2010** at which time you will be able to waive UHP coverage for the **Spring 2010** semester only.

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ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD
OR A LETTER OF VERIFICATION FROM YOUR PRESENT INSURANCE CARRIER WHICH
INCLUDES YOUR NAME AND POLICY NUMBER.

I certify that I have adequate health insurance coverage. I DO NOT want to enroll in the University Health Plan (UHP), the health insurance plan sponsored by Saint Louis University.

Present Insurance Carrier: _____ Policy#: _____

Student's Name: _____ Date: _____
Please print Signature

Banner ID Number: _____ Birthdate: ____/____/____ Telephone #: _____

Please submit this Waiver Form or an Enrollment Application Form by **July 1, 2009**.

Please return your Waiver Form or UHP Enrollment Application Form to:

University Health Plan
1402 South Grand Blvd., C208B
Saint Louis, MO 63104
UHP Fax: 314-977-5667