PENN STATE COLLEGE OF MEDICINE

WAIVER APPLICATION FOR HEALTH INSURANCE

For the School Year 2012/13

(see requirements on reverse side)

Student Information

Name _____ Birth Date _____
(Last) (First)

PSU ID# _____ Class of _____

International Student – YES / NO (circle one)

Local Address _____

_____

Phone Number _____

Insurance Information (copy of front of insurance card REQUIRED)

Insurance Company Name _____

Insurance Company Phone _____

Group or Policy Number _____

COVERAGE DATES: _____ TO _____

(end date is when you are no longer eligible to be covered by your plan, not the renewal date)

Policy Holder's Name _____ Relationship _____

1. I certify that all information on this application is complete and accurate.
2. I understand this application must comply with appropriate University standards or I may be subjected to penalties affecting my enrollment. **(listed on the back of this form which you must initial)**
3. I understand that if my insurance coverage (for which my waiver approval is granted) terminates for any reason, it is my responsibility to notify the bursar's office at Hershey immediately.
4. I understand that upon receiving waiver approval, I am solely responsible for all costs relating to purchase of insurance and any medical expenses not covered by the policy I select.

Student Signature _____ Date _____

Waiver Standards for Students

A comparable health insurance plan will:

1. include coverage for both accident and sickness;
2. include coverage for all pre-existing conditions;
3. have a deductible not in excess of $500 per individual, per year;
4. have maternity benefits – these benefits should be the same as benefits for an illness. If they are not the same, the maternity benefit must meet all applicable waiver standards (e.g., deductible, maximum benefit, etc.)
5. have a maximum benefit of not less than $250,000 per incident;
6. have inpatient and outpatients, mental and nervous disorder benefits
7. pay benefits worldwide

Evacuation insurance (for medical illness and injury and for reasons of civil unrest) when students are engaged in school-sanctioned activities outside of the United States must be purchased if not included in this plan at the time of travel.

Here is a suggestion, **not** a requirement for any student having an HMO. It would probably benefit you to change your PCP to Family and Community Medicine at Fishburn Road, Penn State Hershey Medical Center.

I have read and understand that my policy meets these minimum requirements _____ (initials)

HAVE YOU INCLUDED A COPY OF THE FRONT OF YOUR INSURANCE CARD? (copy below if possible)