

PENN STATE COLLEGE OF MEDICINE
WAIVER APPLICATION FOR HEALTH INSURANCE

For the School Year 2015/16

(Requirements, directions and return address on reverse side)

Student Information

Name _____ Birth Date _____
(Last) (First)

PSU ID# _____ Class of 201__

International Student – Yes / No (circle one)

Local Address _____

Phone Number _____ E-Mail address _____

Insurance Information

(Must provide copy of front of insurance card)

Insurance Company Name _____

Insurance Company Phone _____

Group or Policy Number _____

COVERAGE DATES: _____ **TO** _____

(End date is the date 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.
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 _____

Directions

If you plan on purchasing the school insurance plan starting August 1, 2015, please DO NOT fill this form out. Only fill this out if you will have other coverage.

You will not have your PSU ID# yet, leave that blank.

Please print this form on one sheet of paper (front/back) if possible. (May also be e-mailed back along with copy of front of insurance card)

This will only be accepted if you return it to the address below. Do not send along to other addresses with any other forms.

If possible, return by July 1, 2015 to bursar-COM@hmc.psu.edu or mail to:

**Penn State University
Office of the Bursar – H157
500 University Drive
Hershey, PA 17033**

Any questions, contact the Bursar's Office in Hershey at 717-531-6126 or bursar-COM@hmc.psu.edu

Waiver Standards for Students

Students are responsible for checking that their insurance coverage meets the waiver standards of the College of Medicine listed below.

An acceptable health insurance plan will:

1. Include coverage for both accident and sickness.
2. Insurance that covers emergencies only is **not** acceptable
3. Include coverage for all pre-existing conditions; (ACA)
4. Have a deductible not in excess of \$3000 per individual, per year.
5. 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.)
6. Have an unlimited maximum benefit per incident: (ACA)
7. Have inpatient and outpatients, mental and nervous disorder benefits
8. Pay benefits worldwide.

Certain insurances and Medicaid plans (not from Pennsylvania) do not meet these standards and cannot be accepted. Students that have regional HMO insurance policies must request a guest membership or purchase a plan that allows the student to have coverage in the central Pa. area.

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.

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

(Must provide copy of insurance card)