PENN STATE COLLEGE OF MEDICINE

WAIVER APPLICATION FOR HEALTH INSURANCE

For the School Year 2014/15

(see requirements on reverse side)

Stuc	lent	<u>Info</u>	<u>rmatic</u>	<u>n</u>

Name(Last) (First)	Birth Date
PSU ID#	Class of
International Student – YES / NO (circle one)
Local Address	
Phone Number Insurance Information (copy of front of the last of the	
Insurance Company Name	
Insurance Company Phone	
Group or Policy Number	
COVERAGE DATES: (end date is when you are no longer eligible to be	TO covered by your plan, not the renewal date)
Policy Holder's Name	Relationship
 must initial) 3. I understand that if my insurance coverage (fo for any reason, it is my responsibility to notify the second control of the second control of	appropriate University standards or I may be (listed on the back of this form which you r which my waiver approval is granted) terminates the bursar's office at Hershey immediately. val, I am solely responsible for all costs relating to
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 \$1,000 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 an	d understand that my policy meets these r	ninimum
requirements	(initials)	

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