



SAINT AUGUSTINE'S UNIVERSITY

Health Insurance Waiver Form

Transform, Excel, Lead

This form is due by August 30, 2016. Failure to return the completed form and proof of insurance for the year will result in no refund of insurance charge on the student's account and automatic enrollment in the SAU Health Insurance Plan.

2016-2017

Please select one: New Student \_\_\_ Returning Student \_\_\_

Students enrolled in nine or more credits per semester are required to have health insurance. The University strongly recommends that Parents and Students review their health insurance policies to ensure their policy provides coverage/benefits to the health care facilities located in the Raleigh NC/Wake County area. Coverage cost under the Universities plan will be provided at a later date for 2016-2017 year and per term (2016 Fall, 2017 Spring and Summer coverage).

Student Information

Name: \_\_\_ Student ID: \_\_\_
Birth Date: \_\_\_ Gender: \_\_\_ Student Cell Phone Number: \_\_\_

Family or Guardian Emergency Contact

Name: \_\_\_ Relationship: \_\_\_ Home Phone Number: \_\_\_
Cell Phone Number: \_\_\_

HEALTH INSURANCE DECLARATION

This form and a current copy of your insurance card (front/back) or policy front page showing the period of coverage must be returned by August 30, 2016.

I am waiving my participation because I am covered by the policy described below.

As required, I have attached a copy of my insurance card (front and back) or the front page of my policy.

Health Insurance Information / Required Please fill in the information below

Name of Insurance Plan: \_\_\_ Membership or Benefit Phone Number: \_\_\_
Subscriber's Policy Number: \_\_\_ Group Number: \_\_\_
Subscriber Name: \_\_\_ Student Insurance Card ID#: \_\_\_
(if different from subscribers policy number)
Relationship to Student: \_\_\_ Subscriber's Daytime Phone Number: \_\_\_
Effective Date of Coverage: \_\_\_ Expiration Date of Coverage: \_\_\_

Is this policy an HMO insurance plan? Yes \_\_\_ No \_\_\_

Is this policy a PPO insurance plan? Yes \_\_\_ No \_\_\_

Authorization

(I)(We) hereby agree that the information contained in this document is true. (I)(We) also agree to promptly notify SAU in the event of cancellation of the above coverage, and (I)(We) realize that if (I) (We) have chosen to waive SAU Student Health Insurance Plan that the University is not liable for any health care costs incurred by (me) (the student).

Student Signature

Date

Parent/Guardian Signature (if student under age 18)

Health Department Validation/Signature

Date