

## University Health Service – Forms to Complete

### INSTRUCTIONS:

**STEP 1:** Complete the form, “Health Insurance for ECO Students.”

- This form will document your insurance coverage for the ECO program.
- You can enroll in the University-sponsored Aetna Student Health insurance or you can waive the University-sponsored insurance if you have your own health insurance that meets University criteria. Students who enroll in the University-sponsored insurance plan for the ECO program must also enroll in this insurance for the academic year. (See Step 3.)
- Return the form with your ECO materials **by Friday, June 21st**.

**STEP 2:** If you are under age 18, complete the “Consent for the Care and Treatment of Minors” form.

- The signature of a Notary Public is required.
- If you are over 18, you do not complete this form.
- Return the form with your ECO materials **by Friday, June 21st**.

**STEP 3:** Complete the *online* Health Insurance Enrollment/Waiver Process.

- You must complete the online insurance process *every year*.
- This step documents your insurance coverage for the academic year (August 1, 2019 through July 31, 2020).
- The link to the online insurance process is on the UHS web site ([www.rochester.edu/uhs](http://www.rochester.edu/uhs)). Click on “Online Insurance Process” in the Quick Links box. The site will open on June 4th.
- Complete the online insurance process **by Friday, June 21st** to assure correct billing on your July billing statement.
- To be approved to waive the UR-sponsored insurance plan, your plan must meet all University-required criteria as specified in the waiver request system.

### About Health Care at the University of Rochester

The University Health Service (UHS) provides health care services for full-time students at the University of Rochester. UHS is staffed by physicians, nurse practitioners, and registered nurses. The cost of visits to the University Health Service (UHS) and the University Counseling Center (UCC) is covered by the mandatory health fee, which is paid by all full-time students. During the month of July, the ECO Program pays the mandatory health fee for students enrolled in the program.

Students needing health care while on campus should call UHS at 585-275-2662 to schedule an appointment. During the summer, UHS is open weekdays. During the academic year, UHS is open seven days a week. Whenever UHS is closed, a UHS physician is on-call and available by phone for urgent concerns that cannot wait until the offices re-open. Students are asked to call UHS before going elsewhere for care.

### IF YOU HAVE QUESTIONS:

Contact the UHS Insurance Advisor at [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu).

UNIVERSITY OF ROCHESTER • UNIVERSITY HEALTH SERVICE (UHS)

Health Insurance for ECO Students

Summer 2019

Return this form with your ECO materials by Friday, June 21, 2019.

All students in the Early Connection Opportunity (ECO) program must have health insurance coverage, both during the summer ECO program and throughout their years at the University. For students who do not have their own insurance coverage, an Aetna Student Health insurance plan is offered through the University Health Service (UHS). The cost for the Insurance is \$204.00 for the month of July.

**PLEASE PRINT:**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth Date: \* \_\_\_\_\_

Student ID#: \_\_\_\_\_  
(If known)

\* **NOTE:** If student will be less than 18 years of age during any time of residence or attendance at the University, a parent or guardian must complete and have notarized the consent for emergency and urgent care on the reverse side of this page.

Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

Local Rochester Address (if known): \_\_\_\_\_

Class/year: 2021 Sex:  Male  Female

**CHECK ONE BOX:**

**I want to enroll in the Aetna Student Health insurance** through the University Health Service (UHS) for July 2019. I understand that I should come to UHS for my health care and that I should call UHS before going to an emergency department or a specialist for care. The number to call is 585-275-2662.

**I have health insurance coverage.**  
(Please provide copy of both sides  
Of your Insurance card. Waiver must be  
approved through the on-line system.)

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Insurance ID Number and Phone Number

**SIGN & DATE:**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**If you are enrolling in the Aetna Student Health insurance:** The plan covers the cost of diagnostic laboratory tests and x-rays, hospitalization, surgery, and other specific services. Some services require prior approval from your UHS health care provider. For information about the plan benefits, click on "About Aetna Student Health" in the pink Quick Links box on the UHS web site ([www.rochester.edu/uhs](http://www.rochester.edu/uhs)). The link will take you to the Aetna Student Health web site. The IJHS Insurance Advisor is available to assist you with questions about your coverage. She can be reached at [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu).

**IF YOU HAVE QUESTIONS:**

Contact the UHS Insurance Advisor at [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu).

**Consent for the Care and Treatment of Minors**

**For parents or guardians of students less than 18 years of age upon entering the University**

In order to quickly procure emergency and urgent care or immunizations that may be necessary for your student, please complete and sign the consent below. Be assured that every effort will be made to contact you for consent prior to care if your student is under age 18.

I, \_\_\_\_\_, according to the authority vested in me as  
Printed name of parent or guardian

\_\_\_\_\_ of \_\_\_\_\_  
Parent or Guardian Student's Full Name

Hereby authorize the medical staff of the University of Rochester University Health Service to exercise for me and upon my behalf, all rights and duties with reference to consenting to appropriate medical, surgical, and psychiatric treatment for the above-named student, as required by New York State law. I understand that every effort will be made to contact me prior to beginning treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number (or other best way to contact)

**SIGNATURE OF A NOTARY PUBLIC**

If student will be less than 18 years of age during any time of residence or attendance at the University, this form must be notarized for consent for emergency and urgent care.

\_\_\_\_\_  
Signature of Notary Public (Required for students under age 18)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Notary Seal**

**Return with your ECO materials by Friday, June 21, 2019.**

**IF YOU HAVE QUESTIONS:**

Contact the UHS Insurance Advisor at [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu).