



## Health Insurance Waiver Form – For the School of Nursing

Effective May 1-August 31, 2011

If you are beginning your full-time studies in May 2011 and have your own insurance, you need to complete this Health Insurance Waiver form by April 1, 2011.

Name: \_\_\_\_\_ Student ID # : \_\_\_\_\_

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

Student Phone #: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

Guarantor's Birth Date: \_\_\_\_\_

[The guarantor is likely your parent or spouse.]

**Waiver Certification:** I wish to cancel the Aetna Student Health insurance coverage available to University of Rochester students, effective May 1, 2011 through August 31, 2011. I certify that I have equivalent health insurance coverage.

You must answer these questions to be considered for a cancelation of your coverage through Aetna Student Health.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. My plan offers an annual maximum of at least \$300,000 in coverage.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The deductible on my plan does not exceed \$5,000 per policy year.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My plan covers prescription medications.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My plan is licensed to do business in the United States and has a US claims office and a U.S. phone number. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My plan will remain in force through August 31, 2011.   | <input type="checkbox"/> | <input type="checkbox"/> |

Student/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitting the Form: Deadline – Friday, April 1, 2011**

Send this form and a copy of your insurance card (front and back) by mail, fax, or e-mail to:

UHS Insurance Advisor                      Fax: (585) 756-0263  
University Health Service                E-mail: [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu)  
PO Box 270617  
Rochester NY 14627

UHS will process your form within 4-5 business days of receipt. The Bursar's Office will then adjust the charge on your tuition statement.

**PLEASE NOTE:** Waiver submissions may be audited by University of Rochester, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver.