

Georgetown University

Premier Plan Student Health Insurance

Fall Semester 2009 Waiver Form



COMPLETE ALL INFORMATION IN THIS SECTION

(Student's Name: Last, First, MI Name)

(Student's Mailing Address)

(Student's GUID/GoCard # beginning with an 8)

(Student's Date of Birth)

(Gender)

(School, i.e., CAS, SFS, LAW, MED, etc.)

NOTIFICATION OF HEALTH INSURANCE REQUIREMENT

Georgetown University (GU) requires students registered in thesis research or students registered for nine or more credit hours in a degree program (eight or more credit hours if a Law or Graduate student) to have the Premier Plan underwritten by United HealthCare Insurance Company and designed specifically for GU students unless they decline the coverage and show that they have coverage under another policy. If you are eligible for coverage, beginning in the fall semester, a charge of \$1,700 for health insurance will appear on your student account. If you have other insurance that remains in effect throughout the academic year and wish to decline the Premier Plan, complete this waiver form and fax it to the GU Student Health Insurance Office. Prompt submission of this waiver form will help ensure that your student account is properly credited by the time of registration. Before declining the plan, determine that your current health insurance will cover at least \$100,000 per illness and \$100,000 per injury and will cover most inpatient and outpatient services in the Washington, D.C. metropolitan area. Also, if you want to participate in GU Club Sports, ensure that your current plan will cover club sports injuries. ***The deadline for receiving your insurance waiver is September 15, 2009. After September 15, a policy will be purchased on your behalf and you will be responsible for paying the \$1,700. A \$100 fee will be assessed for late waivers received after September 15.*** To confirm receipt of this waiver form, check for a \$1,700 credit on your student account, <https://myaccess.georgetown.edu/>.

The fall semester open enrollment is July through September 15. Only eligible students who enter the University after this period or who involuntarily become ineligible by their previous insurance carrier, after this period, are permitted to purchase the Premier Plan after open enrollment. Students who have become involuntarily ineligible by their previous insurance carrier (due to age or job status) may enroll in the Premier Plan within 31 days of having been notified of their ineligibility. Contact the GU Student Health Insurance Office to obtain the proper forms and instructions for such mid-year enrollments. Part-time students who are enrolled for less than 9 credit hours are not eligible to purchase the Premier Plan except law and graduate students who are enrolled for at least 8 credit hours and thesis research students.

TERMS AND CONDITIONS FOR WAIVING

I WAIVE the Premier Plan for GU students because I have health insurance from another source that covers at least \$100,000 per illness and \$100,000 per injury. I understand that I must have health insurance throughout the academic year. I attest that my health insurance (even if an HMO) will cover most inpatient and outpatient services rendered in the Washington, D.C. metropolitan area. To the extent that my health insurance does not provide coverage for health care expenses I incur, I understand that I am obligated to pay for those services. I understand that the other insurance company information indicated below may be given to health care providers upon their request to bill for health care services I obtain, and that Georgetown University Hospital may bill the insurance company below for medical services rendered to me.

I understand that the effective date of my other insurance coverage must be on or before September 15, 2009. I understand that if I do not return this Waiver Form with the requested information by **September 15, 2009**, I will remain enrolled and will be responsible for the \$1,700 charged to my student account for the Premier Plan premium. If I authorized any providers to send claims to the 2009-2010 Premier Plan for payment prior to the submission of this form, I understand this waiver will be rescinded and I will be responsible to pay the \$1,700 premium.

I understand if I waive after September 15, 2009, a \$100 late waiver fee will be applied to my student account and that all waivers are subject to approval by the Georgetown University Student Health Insurance Office.

Check the box that applies to the termination date & description of your current coverage:

- It will remain in effect throughout the academic year on an employer or Embassy plan.
- It will remain in effect throughout the academic year on an individual Plan.
- I will be involuntarily dropped from my parent's plan due to age on (date) _____.
- I will be involuntarily dropped due to a change in employment status on (date) _____.
- My coverage will terminate for other reasons on (date) _____.

X _____ (Date) _____

(Student's signature attesting that the information provided is correct and agreeing to all Terms and Conditions for Waiving above and acknowledging that the information provided is subject to the Student Code of Conduct.)

Complete the information below (If active military without Tricare Coverage, provide photocopy of the front and back of the military ID):

Insurance Co. name and if applicable, employer name

Claims Billing address and/or claims billing phone #

Name of subscriber; i.e., parent/spouse and Employer or Embassy

Policy ID# and/or Group #

Fax a copy of this form to 202-687-4955 or keep a copy for your records and mail the original to: Georgetown University Student Health Insurance, Box 571101, Washington, D.C. 20057-1101. **FOR PROPER PROCESSING, DO NOT SEND THIS FORM TO ANY OTHER DEPARTMENT IN THE UNIVERSITY.**