

## 2007-2008 Health Insurance Waiver Form for Tufts University's Sackler Students

Massachusetts General Law and University Policy mandate health insurance coverage for all matriculated students. In order to waive participation in Tufts University's student health insurance plan, a Waiver Form must be completed annually, by August 31<sup>st</sup>, to certify participation in an alternate qualifying plan.

► **For Sackler PHD, Clinical Research, & Visiting Students**

► **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Tufts ID/SSN** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip Code

► **State Law Requirements:**

~ **A copy of the student's insurance card or policy must be attached to the Waiver form.** The Waiver will not be accepted without this documentation.

~ **Coverage must include:** preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services and mental health services.

~ **Students may not waive based on the following plans:**

1. Plans from insurance carriers outside the U.S. and coverage by foreign National Health Service programs, including Canadian insurance plans. (Exception: Embassy-sponsored students.)
2. Plans that provide coverage through a closed network of providers, not reasonably accessible in the area where the student attends school, for all but emergency services. (Out-of-area HMO's)
3. Payment from the Massachusetts Uncompensated Care Pool.

Regulation 114.6 CMR 3:00, Section 3.05 can be found at <http://www.tufts.edu/saha/images/Regs06.pdf>

► **Insurance Information:**       **Attach Proof-of-Coverage**       **Attach Payroll Deduction Form**

**Company Name** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Company's City & State** \_\_\_\_\_

**Policyholder's Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

*I certify that I am covered by the insurance policy listed above for the academic year beginning on September 1, 2007, or on the date I cancel my THP coverage, and ending August 31, 2008. I also certify that this policy is comparable to the minimum coverage required by the Commonwealth of Massachusetts. I understand that by completing this Waiver, I am responsible for my medical expenses, and neither Tufts University, nor the University's health insurance carrier will be responsible for those expenses.*

**If currently enrolled in Tufts Health Plan:** Cancel my THP coverage on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate: \_\_\_\_ Individual    \_\_\_\_ 2 Person    \_\_\_\_ Family Plan       Attach Stop Payroll Deduction Form

► **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For Office Use Only:***

THP Plan: Individual \_\_\_\_\_ Two-Person \_\_\_\_\_ Family \_\_\_\_\_ Cancellation date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Tufts Health Plan notified on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Copy of Transmittal Form and/or copy of Waiver sent to Sackler School on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Processed by: \_\_\_\_\_