

**Tufts University – Sackler School 2005-2006 Health Insurance Waiver Form** *Please keep a copy for your records.*

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 your participation in an alternate health insurance plan. Students are automatically billed for the health insurance each year. Completion of the Waiver Form is necessary to receive credit to your student account for the health insurance fee. Incomplete or unsigned forms will not be accepted.

**For: Sackler School of Graduate Biomedical Sciences - PhD, Clinical Research and Visiting Students ONLY**

Name \_\_\_\_\_ Tufts ID/SSN \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
No. & Street City State Zip Code

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

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, 2005 and ending August 31, 2006. I also certify that this policy is comparable to the minimum coverage required by the Commonwealth of Massachusetts (The coverage requirements are listed on our website: [www.tufts.edu/saha/forms](http://www.tufts.edu/saha/forms)). I understand that by completing this Waiver, I am responsible for my medical expenses, and neither Tufts University, not the University's health insurance carrier will be responsible for those expenses.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For students currently enrolled in the student group of TUFTS Health Plan:**

**Indicate:** \_\_\_\_\_ Individual \_\_\_\_\_ Two-Person \_\_\_\_\_ Family **Cancel my coverage on this date:** \_\_\_\_\_

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***For Office Use Only:***

\_\_\_\_\_ Individual \_\_\_\_\_ Two-Person \_\_\_\_\_ Family **Cancel THP on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

If canceling coverage, THP notified on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of Transmittal and/or Waiver sent to Sackler Dean's Office on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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SAHA

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