

**2011-2012
University of Colorado
Anschutz Medical Campus
Student Accident and Sickness Health Plan
Enrollment Selection/Waiver Form**

Student Health/Insurance Office
Mail Stop A035, Education II North
13120 E 19th Ave, Room 3208
Aurora, CO 80045
Phone: 303-724-7674

Received	_____
Processed	_____
Verified	_____
Division	_____
Plan:	Plan A (1A11)
(Circle One)	Plan B (1B11)

Policy # CHH8017822

To waive/enroll online, please go to www.eciservices.com. You do not need to submit supporting documents if you waive online. If you are waiving by hard copy (this form) then you will need to submit all the documentation listed on the back of this form.

STUDENT ID # _____
(This is not the same number as your SSN)

STUDENT NAME: _____
Last Name First Name Middle Initial

GENDER: Male Female DATE OF BIRTH: _____ - _____ - _____
Check one Month Day Year

MAILING ADDRESS: _____
House/Building Number and Street Name Apt. or P.O. Box # or Rural Route

_____ City State Zip Code

TELEPHONE # _____ - _____ - _____

Is this term your first semester of study at the AMC?

Yes, I am a new Student No, I am a returning Student

Are you enrolled in five (5) or more credit hours of a degree seeking program?

Yes, I am enrolled in five (5) or more credit hours No, I am enrolled in less than five (5) credit hours

Please check the box next to the program you are attending:

MPAS/CHAP Graduate (M.S. Degree) Graduate (Ph.D Degree)
 Dental (DDS, ISP, Ortho) Medical - MD Nursing
 Pharmacy Public Health Physical Therapy

University of Colorado Anschutz Medical Campus (AMC) requires that all students taking 5 or more credit hours have health insurance and will automatically bill these students for Annual enrollment on **Plan A** of the University of Colorado Anschutz Medical Campus Student Accident and Sickness Health Plan. Students with comparable health insurance coverage may waive out of enrollment on the school-sponsored health insurance plan by completing, signing and submitting this form to the Student Health/Insurance Office in person or by mail by the deadline dates listed below (see the top of the first page of this form for the Student Health/Insurance Office location and mailing address). A **NEW** Waiver Form must be submitted **ANNUALLY**, after a break in academic studies, or when you have a change in your Policy.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

Continued on Other Side

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Comparable health insurance coverage means that your health plan meets ALL of the following waiver criteria:

- The annual deductible must be no more than \$1,000 per Plan Year (HSA's are not allowable); and
- There is no less than a \$1,000,000 per lifetime maximum; and
- Co-insurance is no more than 30%, if applicable; and
- Coverage must include comprehensive services (inpatient and outpatient benefits (\$10K or more per Sickness or Accident for outpatient services) in the State of Colorado and benefits cannot be for Emergency Services only (Hospital Only (CICP), Accident Only, Short Term Medical & Student Select plans do not qualify); and
- Coverage must include outpatient mental health benefits of at least 10 visits per year, at a payment of 50% or higher co-insurance level; and
- Coverage must include inpatient mental health benefits at a payment of 50% up to \$10,000 per year; and
- Coverage must include retail pharmacy benefits.

The school performs an audit of every waiver form that is received over the course of the Plan Year. If it is found that the information provided to waive enrollment on the school-sponsored insurance plan is no longer valid, or that your insurance plan does not have comparable coverage, you will be automatically enrolled on Plan A of the University of Colorado Anschutz Medical Campus Student Accident and Sickness Health Plan and the applicable premium will be charged to your Student tuition account. Automatic enrollment will be on an Annual basis for waivers received in the Fall semester, for Spring/Summer enrollment for waivers received in the Spring semester, and for Summer enrollment for waivers received in the Summer semester and the applicable premium will be charged to your tuition bill.

Check One:

- I **waive enrollment** on the Plan Year 2011-12 University of Colorado Anschutz Medical Campus Student Accident and Sickness Health Plan as my Policy meets the above criteria. **You must attach a copy of your current insurance card (both the front and back of the card) and a copy of the Summary of Benefits of your current insurance plan which meets the definition of comparable coverage as outlined above. Your insurance plan must have been effective on 08/08/11 for new students or 09/01/11 for returning students in the Fall.**

Name of Primary Policyholder _____ Policyholder ID # _____

Relationship to Policyholder: Self Spouse Child Policyholder Date of Birth _____ - _____ - _____
 Month Day Year

- I **choose to enroll** on the Plan Year 2011-12 University of Colorado Anschutz Medical Campus Student Accident and Sickness Health Plan by designating enrollment in Plan A or Plan B below. If you do not make any selection you will be automatically enrolled in Plan A. You will not be allowed to switch plans after coverage begins. **Please note:** Students graduating in December 2011 can choose to elect either Annual or Fall Semester coverage – please contact the Student Health/Insurance Office at 303-724-7674 for more details.

	Effective and Termination Dates	Plan A Premium	Plan B Premium	Enrollment/Waiver Date
Annual	09/01/11 through 08/31/12 (08/08/11 through 08/31/12 for New Students)	<input type="checkbox"/> \$3,260	<input type="checkbox"/> \$2,534	09/01/11 (both new and returning students)
Fall*	09/01/11 through 12/31/11	<input type="checkbox"/> \$1,113	<input type="checkbox"/> \$ 871	09/01/11
Spring/Summer**	01/01/12 through 08/31/12	<input type="checkbox"/> \$2,187	<input type="checkbox"/> \$1,703	02/01/12
Summer**	06/01/12 through 08/31/12	<input type="checkbox"/> \$ 845	<input type="checkbox"/> \$ 664	06/15/12

*Fall coverage is only available to students Graduating in December 2011 (graduation date will be verified by school).
 **Open enrollment for Spring/Summer and Summer only applies to new students. All continuing students must provide documentation within 30 days of being involuntarily dropped from other group coverage for enrollment in Spring/Summer or Summer semesters.

I must actively attend classes the first thirty-one (31) days of each semester for which I am purchasing insurance coverage. If I drop out within the first thirty-one (31) days, I will not be eligible for the plan, the plan will be void and never effective, and I will not be entitled to receive any benefits for sickness or injuries occurring in the days I may have attended classes nor will any claims be processed or paid. I understand that, once enrolled, I will not receive a refund of any amount paid unless I drop out of classes within the first 31 days of the semester for which I purchased coverage; or to enter the armed forces of any country.

I specifically consent to the release of any information which may be protected under the Family Educational and Privacy Rights Act, including without limitation, records of enrollments, attendance or payment of tuition related to my attendance at any educational institution to the the Policyholder (University of Colorado Anschutz Medical Campus), Ameriben/IEC Group, National Union Fire Insurance Company of Pittsburgh, Pa. or their legal representatives or attorneys-in-fact.

By my signature I agree that the above statements are true and agree to immediately notify the Student Health/Insurance Office of any changes in my contact information or my health insurance policy information. Any approved waiver is good for the 2011-2012 Plan Year only and I understand that I must submit a new Waiver Form annually, after a break in academic studies, or when I have a change in my Policy. I understand that falsification of information used to waive insurance is a violation of the University of Colorado Anschutz Medical Campus Student Honor Code. **The school does an audit on every waiver form received. If it is found that the information provided to waive the school's plan is no longer valid, or that your insurance plan does not have comparable coverage you will be automatically enrolled and charged the full premium.**

Student's Signature _____ Date _____