

**BRIDGEWATER STATE UNIVERSITY
2011-2012 STUDENT HEALTH PLAN
WAIVER APPEAL FORM**

All students taking 75% of a full-time course load have been automatically charged for the school-sponsored Student Health Plan. Waivers were accepted for comparable insurance (from coverage provided by employers, spouse, Mass Health U.S. based insurance programs deemed comparable in Massachusetts). The published deadline for waivers was September 30, 2011.

All students, who neither enrolled nor waived, were notified at least twice by email. Holds were placed on accounts. As of November 14th, all students who did not waive have been enrolled and have been covered since August, 1, 2011.

If the student HAS FAILED TO WAIVE and has other comparable coverage during the 2011-12 Policy Year, he/she may request to waive the Student Health Plan for the second half of the 2011-12 Policy Year.

- To request to waive the Student Health Plan for the second half of the 2011-12 Policy Year, submit this Waiver Appeal Form to Bridgewater State University Student Accounts by midnight on 12/31/2011. If your request is approved, the insurance charge on your student account will change from \$1,137 to \$483 and your Student Health Plan will only be effective from 8/1/2011-12/31/2011. If you have incurred any medical costs since 8/1/2011, you may submit those bills for payment through Blue Cross Blue Shield.

Students who have paid for the Student Health Plan by accident (either directly to the student account or through financial aid), have other comparable coverage, and have not yet used the Student Health Plan during the 2011-12 Policy Year may request to waive the Student Health Plan for the second half of the 2011-12 Policy Year.

- To request to waive the Student Health Plan for the second half of the 2011-12 Policy Year, submit this Waiver Appeal Form to Bridgewater State University Student Accounts by 12/31/2011.
- If your request is approved, you will receive a credit of \$654 on your student account and your Student Health Plan will only be effective from 8/1/2011-12/31/2011.

IMPORTANT NOTICES

Your Waiver Appeal Form must be received by Bridgewater State University Student Accounts by midnight on 12/31/2011.

Once your Waiver Appeal Form is received by Bridgewater State University Student Accounts, your request will be reviewed. If your appeal is approved, an adjustment of \$654 will be reflected on your student account approximately 2-3 weeks after your form is received.

PART A: Student Information Required fields are marked with an asterisk (*).

First Name* _____ Last Name* _____ Student ID* _____
DOB* ____/____/____ Email Address* _____ Phone* _____

PART B: Insurance Information Required fields are marked with an asterisk (*).

Insurance Company* _____ Policy Number* _____
Insurance Address* _____
City* _____ State* _____ Zip Code* _____ Insurance Phone* _____
Subscriber Name* _____ Subscriber Relation to Student* _____

PART C: Signature Read through the following information and sign at the bottom.

By signing below, I confirm that: 1) I have reviewed the school plan and my own plan, and have determined my other coverage to be comparable; 2) my other coverage is a US-based health insurance plan; 3) my other coverage has been effective since the start of the academic year; and 4) my other coverage will continue to be effective for the entire 2011-12 academic year.

Student's Signature _____ Date _____

BRING OR MAIL FORM TO THE FOLLOWING ADDRESS BY MIDNIGHT ON 12/31/2011:

Bridgewater State University Student Accounts, Boyden Hall Room 107, 131 Summer Street, Bridgewater, MA 02325