

Emerson Paris College of Art Global BFA

2019-2020 Health Insurance Waiver Request Form

Students participating in the **Emerson Paris College of Art Global BFA** are automatically enrolled in and charged for the Emerson College Student Health Insurance Plan (SHIP) for coverage **August 1, 2019 – July 31, 2020**.

The policy is insured through Blue Cross Blue Shield of Massachusetts and medical coverage is provided on a worldwide basis, twenty-four hours per day. The plan has an unlimited medical maximum, is ACA compliant and meets the Massachusetts Student Health Insurance Regulations. Medical evacuations and repatriations are covered up to \$250,000 each through AIG Emergency Assistance Services.

Massachusetts student insurance regulations do not consider insurance carriers outside of the United States or coverage by foreign National Health Service programs compliant with the Massachusetts student insurance regulations. Additionally, the regulations require students to have comprehensive insured benefits in the geographical area of the campus. *Emergency only coverage is not sufficient.*

*Students with comparable insurance policies may use this form to request termination from the **August 1, 2019 – July 31, 2020 coverage period**. All requested information must be provided to: erin@univhealthplans.com for review by September 17, 2019.*

Students must provide a letter from their insurance company confirming their policy is ACA compliant and provides insured benefits for non-emergency services worldwide. This letter can be requested by calling the member services number on the back of the student's insurance ID card and must accompany this waiver request form.

Please check the box to acknowledge each statement:

- I understand I am waiving the insurance plan from **August 1, 2019 – July 31, 2020** and will not be able to enroll later unless I involuntarily lose coverage under my current plan and complete the enrollment process within 60 days.
- I understand students are required to complete the waiver form at the beginning of each academic year and that a waiver form submitted for a prior year will not be automatically applied to subsequent years.
- I have confirmed my plan is fully compliant with the affordable care act benefit regulations, filed and approved in the United States.
- I have confirmed my plan provides worldwide coverage for non-emergency services. ***Emergency Only Coverage in Boston, Massachusetts or Paris, France is not sufficient.***

Student Name: _____

Student ID: _____

Emerson Email: _____

DOB: _____

Insurance Company Name: _____

Subscriber ID: _____

Type of Insurance (HMO, PPO, POS / Other): _____

Insurance Phone #: _____

Subscriber Name: _____

Subscriber City, State: _____

Subscriber Relationship to Student: _____

I certify that the coverage under this health plan is comparable to coverage under the Student Health Insurance Program and I understand I am responsible for my medical expenses once this waiver is submitted. I am opting out of the Emerson College Student Health Insurance Plan from **August 1, 2019 – July 31, 2020**. The submission of this waiver form including all information herewith constitutes truthful and accurate statements.

Student Signature: _____

Date: _____