

RHODE ISLAND SCHOOL OF DESIGN

2018-2019 International Student Health Insurance Waiver Form

Please complete this form in its entirety and return to moneill@univhealthplans.com. Waivers will be reviewed within 7-10 business days. Notification of waiver acceptance/denial will be sent to the RISD Student Accounts office and your RISD email address. If you have any questions, please contact University Health Plans directly at 800-437-6448.

(Please note that the waiver deadline dates are the same for International Students as they are for Domestic Students. Please refer to the main page at www.universityhealthplans.com, select the link for Rhode Island School of Design for the applicable waiver deadline dates).

Please answer the following questions by circling yes or no.

1. I understand I am waiving coverage for the entire academic year through August 31, 2019, and will not be able to enroll in the RISD Health Plan mid-year. I understand that if I lose my private health insurance coverage while I am an active student at RISD and want to enroll in the school plan, I must submit an insurance enrollment form through Student Financial Services within 31 days from the date I lose my previous coverage.

Yes / No

2. I have reviewed both my plan and the RISD plan and have determined my current coverage to be comparable to the RISD Student Health Insurance Plan.

Yes / No

3. My health insurance plan has local participating hospitals, physicians, pharmacies and mental health care providers within a 50 mile radius of RISD.

Yes / No

4. My plan provides coverage for out-patient care and provides access to local doctors, specialists, hospitals and other health care providers in emergency and non-emergency situations in the RISD area. (If your plan is an out-of-area HMO, then it does not provide comparable coverage and you cannot answer yes)

Yes / No

5. I acknowledge by waiving the Student Health Insurance Plan, I am solely responsible for any medical expenses I may incur and neither RISD nor the Insurance Company will be held responsible for any medical expenses.

Yes / No

6. My insurance company is headquartered outside of the United States.

Yes / No

Please fill in the below information about yourself and the plan you are covered under.

First Name:

Last Name:

Student ID:

RISD Email Address:

Insurance Company Name:

Group Number:

Type of Insurance:

Insurance Address:

Insurance City:

Insurance State:

Insurance Country:

Insurance Zip:

Insurance Phone:

Subscriber Name:

Subscriber ID Number:

Subscriber Relation:

Person Completing the Waiver Form and your Relation 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 also certify that my insurance coverage will remain in effect without restrictions providing coverage in Rhode Island during the academic year 2018-2019. The submission of this waiver form including all information herewith constitutes truthful and accurate statements. If inaccurate information is submitted, the student will be enrolled immediately into the student health insurance plan offered through Rhode Island School of Design and will be responsible for the applicable charge. The student will lose the eligibility to waive the student health insurance plan for the duration of their enrollment in a degree-granting program. The student will automatically be enrolled into the student health insurance plan offered by RISD unless documented proof of current enrollment in a comparable health insurance plan is provided each year while attending RISD.

Please sign below:

Student or Parent's Signature

Printed Name

Relation to Student

Date