

The University of Chicago

2008-2009 Student Health Insurance Enrollment/Waiver Form

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS UNDER AGE 18 ONLY

*PLEASE NOTE: This form will NOT be accepted for any students who will be at least 18 years old on **October 10, 2008**. Those students must use the online enrollment/waiver system at registrar.uchicago.edu/health.*

All enrolled students at the University of Chicago must have health insurance. You must enroll your child in the University Student Health Insurance Plan (U-SHIP), or show that your child is covered under another plan with comparable coverage. (For more information about the U-SHIP coverage visit: <http://studenthealth.uchicago.edu>)

This form must be completed by a parent or guardian and RECEIVED at the University of Chicago On-Campus Insurance Office not later than October 10, 2008. If you do nothing or if this waiver form is not received by the deadline, the University will automatically enroll your child in the U-SHIP Basic Plan and include the cost of the insurance (\$615 per quarter) on your child's tuition bill. Enrollment in the U-SHIP plan after October 10, 2008 is BINDING for the entire 2008-2009 plan year. It will not be possible for you to waive coverage after the enrollment/waiver deadline has passed.

Please complete all of the following information. **Applications will not be accepted if the information is incomplete.** Please note that a new enrollment or waiver is required **each year** for returning students.

Student Name:

University of Chicago ID Number (6-digit):

Daytime Contact Phone Number:

Date of Birth (mo/day/yr):

Permanent Address:

- I wish for my child to be enrolled in the U-SHIP Basic Plan (Please proceed to Section E)
- I wish for my child to be enrolled in the U-SHIP Prescription Advantage Plan (*recommended for students who are taking on-going prescription medications*) (Please proceed to Section E)
- I do not wish for my child to participate in the U-SHIP plan. I have purchased insurance that is comparable to the U-SHIP and have certified this coverage on the next page. (Please complete the waiver form on the next page: Sections A-E.)

Return this completed and signed form to: On-campus Insurance Office, University of Chicago, Administration Building, Room 232, 5801 S. Ellis, Chicago, IL 60637 or fax to the On-Campus Insurance Office 773-753-4544

Waiver of U-SHIP for 2008-09: Please complete the form below (Sections A-E) to certify that your child will be covered by insurance that is comparable to the University Student Health Insurance Plan (U-SHIP).

Section A: Insurance policy and subscriber information.

1. Subscriber Name:
2. Relationship of Policyholder to Student: Parent/Guardian Self
3. Policy or Subscriber Number:
4. Group Policy Name:
5. Group Policy Number:
6. Insurance Company:
 - Check here if insured through a foreign government or the U.S. Armed Services.
7. Insurance Company Telephone Number – this must be a U.S. phone number (used to verify coverage – not required if box above is checked):

Section B: Comparability of Coverage

Type of Benefit *CC = Physician/hospital Customary Charges	Minimum Requirement	Your plan meet or exceeds:	
		Yes	No
Coverage for at least 80% of CC* for both emergency as well as non-emergency (e.g., routine or specialty care), provided in the Chicago area	Yes		
Lifetime Maximum Coverage	\$1,000,000		
Coverage for Pre-existing conditions	80% of CC*		
Inpatient Hospital Benefits (including labs, x-rays, and misc. expenses)	80% of CC*		
Emergency Room Visits and Treatment	80% of CC*		
Outpatient Benefits (e.g. Physician office visits, labs, Physical Therapy, radiology, etc.)	80% of CC*		
Outpatient Mental Health Benefits	80% of CC* up to 25 visits/year		
Inpatient Mental Health Benefits	80% of CC* up to 30 days/year		
Prescription Drug coverage of at least \$1,500/year	Yes		
Ambulance coverage	80% of CC*		
Access to Primary Care Physician/Provider in the location you will be studying (for most of you this is Chicago)	Yes		
Medical evacuation and repatriation coverage (in the event that you are traveling and need to be transferred to another location)	Yes		

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Additional criteria:

1. Does your plan have a U.S. phone number and address for the processing of claims information? __ yes __ no
2. Will your insurance plan provide coverage for your child from September 1, 2008 to August 31, 2009, or through the end of your child's academic program, whichever comes first? __ yes __ no

Important Note: If you answered "no" to one or more questions, your coverage is **not comparable** to the University's Student Health Insurance plan. Your child will be automatically enrolled in the U-SHIP Basic level of coverage and assessed the quarterly premium of \$615. *(For more information about coverage under the Basic Student Health Insurance visit: studenthealth/uchicago.edu/studentinsurance)*

Section C: Certification of Accuracy

I understand that I am requesting to waive coverage in the University Student Health Insurance Plan for my child. I hereby certify that the above information is true, complete and correct to the best of my knowledge. I certify that my insurance is **Comparable** to the U-SHIP.

I understand that by not enrolling my child in U-SHIP, I am responsible for **all of my child's medical expenses** and will not be allowed to enroll him or her in the U-SHIP plan until the next policy year.

Name of Student: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

Date: _____

Section D: Notification Requirement

If coverage under the U-SHIP is waived for my child, I agree to notify the University of Chicago of any changes in my medical coverage no later than 30 days after such a change has taken place. I understand that in order to notify the University of a change to my health insurance, I must contact the on-campus Insurance Office – Administration Building 231, 5801 S. Ellis Avenue, 773-834-4543 (phone).

Signature of Parent/Guardian: _____

Date: _____

Return this completed and signed form to: On-campus Insurance Office, University of Chicago, Administration Building, Room 232, 5801 S. Ellis, Chicago, IL 60637 or fax to the On-Campus Insurance Office 773-753-4544

Section E: Insurance Disclosure

By checking "yes", I give the Registrar's Office permission to share my child's health insurance enrollment information with University of Chicago student health services as well as Mercy Hospital (the provider of in-patient psychiatry services for U Chicago students). *The purpose of this disclosure is to expedite the verification of student insurance status and thereby enable faster access to health care.*

Yes No

Section F: Return this completed form to:

University of Chicago
On-Campus Insurance Office
Administration Building , Room 231
5801 S. Ellis Avenue
Chicago, IL 60637

Or fax to On-Campus Insurance Office, 773-753-4544

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