



Petition to WAIVE
The University of Chicago Student Health Insurance
after the Published Enrollment Deadline

Student's Name: Student ID: Date of Birth:
Mailing Address:
Phone Number () Waive Beginning : (circle one) Autumn Winter Spring Summer

Please fill in all of the above information so we can contact you with any questions.

Waiver: I certify that I am insured under the following medical insurance plan and that it meets the following criteria.
**If your coverage does not meet each of these conditions, you may not waive. You must purchase the Student Accident and Sickness Insurance Plan. If you do not know whether your coverage meets these conditions, contact your health insurance plan administrator to obtain current, accurate information about your plan before completing this form.

- Aggregate maximum coverage of \$1,000,000
Inpatient Hospital Benefits at 80% of R&C (including Labs, x-rays, misc. expenses)
Emergency Room Visits and Treatment at 80% of R&C
Outpatient Benefits (i.e. Physician office visits, labs, Physical Therapy, etc.) at 80% of R&C
Mental Health Benefits (Inpatient, Outpatient & Chemical Dependency) at 80% of R&C
Ambulance Benefit at 50% of R&C
Access to a Primary Care Provider in the location you will be studying (most of you this is Chicago)
A U.S. address and phone number for claims processing information
Annual coverage from September 1 (or Date first enrolled this year) - August 31

Reason for waiver:

Blank lines for writing the reason for waiver.

Name of other Health Insurance Company:
Policy Number:
Policyholder:
Name of Employer (if group coverage):
Insurance Company Phone #

I understand that I am requesting to waive my student accident and sickness insurance coverage. My request is being taken under consideration only because I have a valid reason why my waiver was not received before the deadline date and I have comparable coverage through another insurance company or HMO. I further understand that I am responsible for all my medical expenses. I understand that I will not be allowed to enroll in this plan again until the next policy year. I understand this petition is subject to The Chickering Group's approval and their decision is FINAL.

Date Student Signature

Notice: The decision of The Chickering Group is FINAL.

Students: Complete this form and return it to the Student Insurance Coordinator at the address below:

Insurance Coordinator
5801 S. Ellis Avenue
Rooms 231/232
Chicago, IL 60637
(773) 834-4543
(773) 834-4544-fax