

2007 FALL SEMESTER INSURANCE WAIVER
Metro State College Waiver Deadline: September 5, 2007

ENTER STUDENT ID IN BOXES BELOW

900 - -

Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip Code

Home Ph: _____ Cell Ph: _____ DOB: _____

Authorization: My signature below affirms that all of the information provided is accurate. I further release the College and the Health Center at Auraria from any liability related to my health care because of this exemption. My signature below authorizes the Student Health Insurance Office to obtain verification of my coverage and benefits through consultation with my insurance carrier, who I agree (by my signature below) has my permission to provide such verification.

Verification of Coverage Will Occur. Falsifying Information is a Violation of Institutional Policy.

STUDENT SIGNATURE

DATE

Metro's Health Insurance Policy

Students taking 10 credit hours or more in the Fall and/or Spring semester, or 8 credit hours or more in the Summer semester, **are automatically billed for the Student Health Insurance.** However, students may request to waive out of the plan prior to the waiver deadline by submitting proof of outside health insurance coverage. Attach a copy of the front and back of your insurance card or submit documentation from your Insurance Company showing your plan's benefit summary (i.e. amount of deductible, co-insurance and annual maximum benefit).

Metro's Waiver Standards For Proof Of Outside Insurance Coverage

- For a waiver to be approved effective Fall 2007 Semester, your outside health insurance plan must be in the form of individual, indemnity or group health coverage that includes all three Waiver Standards.
- **Colorado Indigent Care Program (CICP) is not considered insurance; therefore, it cannot be used for waiver purposes per CICP guidelines.**
- Catastrophic, Limited Injury and Sickness, Hospital, and Short Term Plans will not be accepted if they do not meet the following Waiver Standards .

Waivers Standards (Your insurance plan must meet all three):

- 1) A deductible of no more than \$5,000**
- 2) Co-insurance amounts of no more than 50%**
- 3) Maximum benefit of no less than \$250,000 per Injury and Sickness**

Where To Submit A Waiver Form And Proof Of Insurance

- Student Insurance Office, Health Center, Plaza Building, Room 150.
- **FAX 303-556-5341** your waiver form and a copy of the front and back of your insurance card. **Please call 303-556-3873 after 24 hours to confirm your waiver has been processed.** Please retain your fax confirmation for the full semester.
- Drop box outside the Health Center's front door or the drop box located at Student Account's, Central Classroom, Room 110.

When To Submit A Waiver Form

Waivers are only valid for one (1) academic year. Waivers are typically submitted at the beginning of each Fall semester or upon a student's initial semester at Metro and then every subsequent Fall semester. **Your waiver form must be received by the Insurance Office no later than the WAIVER DEADLINE of September 5, 2007. If your completed waiver form is not on file by the deadline, you will be responsible for paying the insurance fee!** Once your waiver has been submitted, it is your responsibility to check your tuition bill to make sure the Student Health Insurance charge has been removed. This must be done before the Waiver Deadline of September 5, 2007.

INSURANCE OFFICE USE ONLY (Please do not write in this box)

Insurance Company _____ Effective/Issued Date _____

Insured/Relationship _____ Group _____ Individual _____ Other _____

TWA _____ SCAN _____ INDEX _____ 10-06