MARYMOUNT UNIVERSITY
2010-11 REQUEST FOR WAIVER
STUDENT HEALTH INSURANCE PLAN

Marymount University requires all Commuter Nursing Students, Commuter Physical Therapy Students, and Commuter non-immigrant F-1 International Students to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted each academic year. **All of the previously listed students will be automatically charged the annual insurance premium on their student account bill if their waiver is not submitted by the deadlines to the Student Health Center.**

Waiver Provisions: Marymount University allows you to waive the school-sponsored insurance plan each year. The deadline to waive for the Fall Semester is September 13, 2010. The waiver deadline for Spring Semester students is January 24, 2011. The waiver deadline for Summer Semester is May 18, 2011. It is important for you to make an informed health assessment each year. Make sure you are not left mid-year without appropriate health coverage—it could hinder your academic progress.

You may waive coverage under this plan if you have health insurance that meets all of the Marymount University Plan requirements in the waiver section. You will need to provide information about your coverage. An accepted waiver applies to the entire academic year during which it is filed.

Important!

- The waiver process is an annual one. You must make a selection each academic year.
- Students who do not respond will be automatically enrolled.
- Marymount University reserves the right to audit all waivers in order to ensure compliance with Marymount University insurance requirements. Please be sure to have a copy of your insurance policy as you may be asked to provide this documentation.
- **AS A CONDITION OF THE WAIVER PROCESS, YOU MUST COMMIT TO MAINTAINING THE APPROVED NON-MARYMOUNT INSURANCE FOR THE ENTIRE YEAR.**

Proof of Coverage MUST accompany this waiver. Acceptable proof may be a copy of:

A. front and back of current health insurance identification card;
B. the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you can obtain a copy from the employer; or
C. front and back of Military I.D. card.

__ Commuter nonimmigrant F-1 visa international student
If you are a nonimmigrant F-1 visa international student please return this form with proof of coverage to: International Student Services Office, Marymount University, 2807 North Glebe Road, Arlington, VA 22207.

__ Commuter Nursing Student **__ Commuter Physical Therapy Student**
If you are a Nursing or Physical Therapy student please return this form with proof of coverage to The Student Health Center, Marymount University, 2807 North Glebe Road, Arlington, VA 22207.

Student Name: _____
First Middle Initial Last

U.S. Mailing Address: _____
Street or MU Campus Mail Box City State Zip Code

Permanent Address: _____
Street or MU Campus Mail Box City State Zip Code

Student Telephone Number: (____) _____-_____

Social Security No.:_____-_____-_____ MU Student ID #: _____

Current Insurance Company: _____

Subscriber's Name on Policy: _____ Self: ___Spouse: ___Parents: ___

Insurance Company Address: _____

Policy #: _____ Certificate Number: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at Marymount University.

_____ _____
Student's Signature or Parent's Signature if Student is under Age 18 Date