



HEALTH INSURANCE
WAIVER FORM
SUMMER 2009

Participation in a summer health insurance program is compulsory for all new international students and all domestic students admitted to degree programs for the summer and enrolled in 6 or more credit hours. SAIC's health insurance program may be waived by providing all of the information requested below. **Submit the completed waiver form to Student Financial Services (Sullivan Center, 36 South Wabash Avenue, Suite 1218) by July 6, 2009.**

Student Name _____ ID# _____

Local Mailing Address _____

City/State/Zip _____

Telephone Number _____

You must indicate that your health insurance plan meets each of the following conditions by placing a check next to each one. If your coverage does not meet ALL FOUR of these criteria of comparable coverage, you may not waive. If you do not know whether your coverage meets these conditions, contact your insurance plan administrator.

- My plan provides coverage for medically necessary care in the Chicago area equivalent to the coverage provided by SAIC's student health plan.
- My insurance plan provides a maximum benefit coverage of at least \$50,000 U.S. dollars per condition.
- My coverage will remain in force from July 1, 2009 through August 15, 2009 (international students) or August 23, 2009 (domestic students).
- My plan provides coverage for mental health issues.

Insurance Company _____

Policy Number _____ Group Number _____

Name of Policy Holder _____

Telephone Number of Insurance Company _____

I understand that, by signing this form, all of the information provided above is, to the best of my knowledge, accurate.

Student Signature Date

For Student Financial Services Use Only:
Date Received _____ Staff _____ Date Input _____ Staff _____