

GRADUATE THEOLOGICAL UNION

HEALTH INSURANCE PLAN FOR STUDENTS APPLICATION FOR HEALTH INSURANCE WAIVER

Instructions:

Students enrolled for nine (9) or more credits or units are required to have health insurance. You may fulfill this requirement by enrolling in the GTU Health Insurance Plan for Students (HIPS) or by holding another health insurance policy that provides equal or better benefits. See reverse side for minimum benefits required to waive. To apply for a waiver complete this application and bring or mail this form to the HIPS administrator at your school.

Open enrollment for the Fall Semester is August 1 through the end September

Open enrollment for the Spring Semester is January 1 through the end of February

Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Student ID #: _____

Health Insurance Information

Please provide us with your insurance information. Forms submitted with incomplete information will be returned.

Insurance Company Name: _____ Insurance Company Phone Number: _____

Policy Holder's Name: _____ Policy Holder's ID Number: _____

Policy Holder's Relationship to You: Self Spouse/Partner Other: _____

This Plan is a: Group Plan (provided by an employer or someone else) Individual Plan

Members of the Kaiser, Health Net, Medi-Cal, or Military Insurance plans do not need to complete the Health Insurance Plan Benefit Information section.

I certify that the information provided is accurate and that my insurance plan meets the criteria for waiving HIPS enrollment. I understand that waiver information is audited and if the information I provided is found to be invalid, I will be enrolled in HIPS automatically and will be responsible for paying the cost of the plan. I understand and agree that if I am granted a waiver, **I will maintain comparable health insurance at all times during this waiver period.**

Applicant's Signature

Date

Attach a copy of both sides of your insurance card to this application.

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HEALTH INSURANCE PLAN BENEFIT INFORMATION

In order to waive the GTU supplied coverage, you must have coverage that meets the following minimum requirements:

<u>Type of Benefit</u>	<u>Minimum Benefits Required for Waiver</u>	<u>Your Plan Benefits</u>
For All Plans:		
Member out of pocket expense	No more than \$5,000 per year	_____
Annual Maximum	Plan covers at least \$250,000	_____
Annual Basic Deductible	No higher than \$500	_____
Hospital Deductible	No higher than \$500	_____
Prescription	Plan must cover prescriptions	_____

Please check the appropriate box and answer if you have one of these specific plan types:

<input type="checkbox"/>	If your plan is a PPO: PPO (in and out of network)	80% in-network 60% out of network	_____
<input type="checkbox"/>	If your plan is an Indemnity/Fee For Service: Indemnity/FFS (coinsurance level)	60%	_____
<input type="checkbox"/>	If your plan is an HMO:		
<input type="checkbox"/>	Other: Please list		_____