

STUDENT HEALTH PLAN WAIVER

BYU–Idaho requires all traditional, matriculating students who are enrolled in classes to either have health insurance coverage in the Rexburg area or participate in the BYU–Idaho Student Health Plan for the duration of their BYU–Idaho education (including, but not limited to, semesters during which you are off-track, deferred, suspended, or completing an internship). Your student account will be charged automatically for the Student Health Plan until you submit a waiver. You may waive the Student Health Plan if you are covered by one of the following types of coverage:

- Student Health Plan
- Insurance through a policy held by a parent
- A group insurance plan provided by your employer or your spouse’s employer,
- **FULL Coverage Idaho Medicaid** or Medicare
- Affordable Care Act compliant health care plan that is valid in Idaho.

If your coverage does not match one of the options above, it will NOT be accepted. Coverage must be valid in Idaho if you are living in the Rexburg area. MOST STATE FUNDED PLANS WILL NOT FULLY COVER THE STUDENT OUTSIDE OF THEIR STATE OF RESIDENCE AND WILL NOT QUALIFY FOR THE WAIVER if the student will be in the Rexburg area.

Instructions: To waive your enrollment in the Student Health Plan, submit this form to the Student Health Center. It must be received by the end of the first week of the semester or your student account will be charged for the Student Health Plan contribution and will **NOT be refunded**.

STUDENT:	FULL NAME	I-NUMBER	
	CONTACT EMAIL ADDRESS	CONTACT PHONE NUMBER	
<input type="checkbox"/> I WILL HAVE FULL INSURANCE COVERAGE IN THE REXBURG AREA <i>Select only one semester:</i> <input type="checkbox"/> Fall 2016 <input type="checkbox"/> Winter 2017 <input type="checkbox"/> Spring 2017 <input type="checkbox"/> Other/Block:			
POLICY INFO:	PLEASE SELECT THE APPROPRIATE TYPE OF POLICY UNDER WHICH YOU ARE COVERED:		
	<input type="checkbox"/> Insurance through a policy held by a parent		<input type="checkbox"/> Affordable Care Act compliant health plan with coverage in Idaho
	<input type="checkbox"/> Group insurance coverage provided by your employer or your spouse’s employer		<input type="checkbox"/> Medicare or Idaho Full Coverage Medicaid (<i>Pregnancy-related Medicaid coverage will NOT be accepted. Notice of Action letter attached is required for Idaho Medicaid: please attach to this form</i>)
	POLICY NUMBER	GROUP NUMBER	PLAN DEDUCTIBLE
	POLICY HOLDER’S NAME		
INSURANCE COMPANY NAME		INSURANCE CLAIM PHONE NUMBER	
INSURANCE CLAIM ADDRESS			

I hereby authorize BYU–Idaho to contact the above-named insurance company to verify my coverage. This authorization expires when I have completed my education at BYU–Idaho, when the selected semester is over or when I cancel this waiver in writing. I understand that if the policy listed above will not fully cover me in Idaho, this waiver will not be accepted and the student health plan will not be removed.

SIGNATURE: _____

DATE: _____

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____
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