

Health Insurance Verification Form #4

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Email: _____

Home Address: _____

City/State: _____ Zip: _____ Phone: _____

_____ I am currently taking less than 6 credits. _____ I am currently taking On Line courses only.

PLEASE NOTE: All athletes must show proof of insurance coverage in Broome County NY. All athletic injuries fall under your own health insurance plan. There is no additional coverage by the college.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

Since the passage of the Affordable Care Act, the law requires every citizen of the United States to have health insurance coverage. Those who choose to disregard this mandate face costly, per person financial consequences. Davis College students taking 6 credits or more, on campus, must show proof of having a health insurance plan that covers them in Broome County, New York or sign the waiver below. Not all insurance plans will cover you in Broome County. The college NO LONGER offers a Student Health Insurance Plan.

An individual who does not have insurance coverage is NOT eligible for any Hospital Patient Financial Assistance Program.

For domestic students who have yet to find appropriate, affordable coverage, there will be an Insurance Enrollment Representative on campus during orientation to assist you with enrollment in a plan. You are encouraged to contact Health Services to make an appointment as soon as possible as there are a limited number of appointments available.

Health@davisny.edu 607-729-1581 ext. 337.

You may also contact the New York State Health Department for assistance in enrolling in an appropriate plan.
<https://nystateofhealth.gov>.

INTERNATIONAL STUDENTS must also show proof of health insurance coverage and should investigate what is available through their country's 'Travel Abroad' Insurance companies. Premiums for such policies must be paid in full for one full year and be renewed annually for as long as the student is enrolled at Davis College.

Verification:

1. _____ Attached is a copy of my insurance card (front & back) which provides coverage in Broome County, NY.
If an HMO, please specify approved providers in our area.
2. _____ Attached is a copy of my health insurance card which **DOES NOT** cover me in Broome County, NY.
I recognize I am financially responsible for ALL medical care given me in Broome County, NY should I be unable to travel to a coverage area for medical care. (Athletes & international students may not choose this option)
3. _____ I am currently taking less than 6 credits on campus. At such time that I increase my number of credits to 6 or more, I recognize it is my responsibility to provide Health Services with a copy of my valid insurance card covering me in Broome County, NY. (Athletes and international students MAY NOT choose this option).

4. _____ I opt out of enrolling in any health insurance plan. I understand the government imposed financial consequences of not having insurance coverage and that any medical bills incurred by me may impose financial hardship thereby delaying the achievement of my academic goals. I also recognize my lack of health care, when ill, may compromise the health of others with whom I live, work and study. Should there be an outbreak of communicable disease on campus, Health Services may require my exclusion from campus or quarantine as directed by the Broome County Health Department. (Athletes and international students MUST show proof of coverage and MAY NOT choose this option).

Signature: _____ Date: _____
(Parent/Guardian if student is under 18 years of age)

****Falsification of information on ANY Davis College document may alter student status or prevent further registration. Davis College does not discriminate on the basis of race, color, sex, disability or ethnic origin.**

Please return to: Director of Health Services, Davis College 400 Riverside Dr., Johnson City, NY 13790
health@davisny.edu ♦ Phone: 607.729.1581 ext. 337 ♦ Fax: 607.584.7656