

STUDENT HEALTH PLAN WAIVER

BYU–Idaho requires all traditional, matriculating students 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). If you have selected the Student Health Plan by mistake, or were unable to enter your private insurance information online, the Health Plan can be waived if the waiver is received by the semester deadlines.

Insurance that is accepted to waive the 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

Insurance that is NOT accepted to waive the Student Health Plan:

- Short term, travel, or international policies
- Policies that provide only emergency and urgent care in the Rexburg, Idaho area
- Medicaid from any other state than Idaho

Your coverage must provide full medical care if you are living in the Rexburg area. MOST STATE FUNDED PLANS WILL ONLY OFFER EMERGENCY COVERAGE OUTSIDE OF THEIR STATE OF RESIDENCE AND WILL NOT QUALIFY FOR THE WAIVER if the student resides in the Rexburg area.

Instructions: To waive your enrollment in the Student Health Plan, submit this form to the Student Health Center via fax, mail, or email (healthcenterbilling@byui.edu). 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 *This waiver applies to only one semester Semester to be waived: _____			
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>)
	<input type="checkbox"/> Off-track. Has coverage outside the state of Idaho: _____		
	POLICY NUMBER	GROUP NUMBER	PLAN DEDUCTIBLE \$
POLICY HOLDER’S NAME		POLICY HOLDER’S BIRTHDATE	
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"/> Required docs <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____
