Deadline:
- ☐ **Fall/Spring* Sept. 15, 2009**
- ☐ Fall Sept. 15, 2009
- ☐ Spring Jan. 25, 2010

*You may waive both semesters in Fall

Student Health & Wellness Center
Phone: (707) 654-1170
NO FAX COPIES OR EMAILED FORMS ACCEPTED!

Mail Forms to:
The California Maritime Academy
Student Health & Wellness Center
200 Maritime Academy Dr.
Vallejo, CA 94590

Medical Insurance Fee Waiver Form

Academic Year 2009-2010

INSTRUCTIONS:
1. Select the semesters you choose to waive. To waive the entire academic year, place a check mark in the Fall/Spring box at the top right-hand corner of this form.
2. Complete Sections A, B, & D
3. **Attach a copy of the front and back of your medical insurance card**. Waiver forms and cards received must be received together.
4. Keep a copy of the completed form for your records.
5. Mail or bring the completed form and copy of insurance card to the Student Health & Wellness Center.

A NEW WAIVER FORM MUST BE COMPLETED AT THE BEGINNING OF EACH ACADEMIC YEAR.

If you miss the deadline, the fee will not be waived and you will be responsible for purchasing the plan for the semester!

Section A: Student Information

Student ID #:										E-mail Address:	
Last Name	First Name	M.I.								Date of Birth	Gender: ☐ Male ☐ Female
Permanent Address	City	State	Zip							Telephone Number	☐ Cell ☐ Home

☞ Students should always carry their Medical Insurance Card with them ☜

Using the toll-free member service telephone number on your insurance card, contact your insurance company for any information necessary to complete section B of this form in order to ensure that your policy compare insurance requirements in Section C.

Section B: Medical Insurance Information – Waivers with incomplete information will not be accepted

*** Medical Insurance Information ***		
Name of Medical Insurance	Billing Address	Contact Phone Number
Subscriber's Name	Subscriber's Relationship to Student	
Subscriber's ID #	Group #	Policy #
Local Primary Care Physican (within 50 miles of campus)	Physician's Address	
Physican's Phone Number		Office Use Only

Section C: Student Medical Insurance Benefits and Minimum Insurance Requirements to Waive – Current coverage must meet requirements below

- Maximum lifetime benefit of $100,000 per injury or illness
- Mental Health Coverage of 12 days at 80% in network/ 50% out of network
- Annual deductible is equal to or less than $500 per year
- 80% in network/ 50% out of network coverage for Hospitalization/ Professional fees
- World Wide Coverage
- Policy includes benefits for all mandated benefits in California
- All HMO plans must have a local primary care doctor within 50 miles of the campus community

Section D: Certification

I hereby certify that the above policy meets or exceeds the above minimum benefit requirements and will remain valid for the remainder of this academic year. I understand and agree that, if I am granted a waiver, I must maintain comparable health insurance at all times during this waiver period. I understand and agree that if my health insurance coverage is terminated, I must immediately notify the Student Health & Wellness Center to reverse my waiver; show proof of new coverage, or purchase the endorsed plan, as it is my responsibility to maintain continuous medical insurance coverage. I understand that I may be randomly selected for a full policy review.

Student's Signature	Date

White Copy – SHC | Yellow Copy – Cashier | Pink Copy - Student