

# Student Blue™

## Insurance Election Change Request Form

Change requests must be submitted by 5PM January 31, 2015 to be valid

### Section 1 - Student Information

Full Name .....

Date of Birth

/ /

Student ID .....

Phone # .....

Email .....

### Section 2 - Original Transaction

Confirmation # .....

Submitted

/ /

Select One:

I initially elected to waive but want to enroll. Please cancel my original transaction.

I initially elected to enroll but now want to waive. Please cancel my original transaction. My waiver information is as follows in Section 3.

### Section 3 - Waiver Information (if electing to enroll, skip this section)

Name of Insurer .....

Insurer Phone .....

Policyholder Name .....

Policy # .....

Relation to policyholder (circle one)

| Self

| Dependent Spouse

| Dependent Child

I attest that my alternative coverage provides similar coverage to the university-sponsored plan and:

- The Claims administrator is based in the United States and has a US telephone number and address for submission of claims
- The plan provides both emergency and non-emergency health care and mental health benefits in the Durham, NC area
- Out of state Medicaid and state Children's Health Insurance Plans do not cover non-emergency care in Durham
- The plan has participating hospitals, physicians, pharmacies, and mental health providers in the Durham, NC area to include Duke Medicine
- The plan provides inpatient and outpatient mental health care (with at least 30 visits per year) and chemical dependency benefits are comparable to the coverage provided by the Duke SMIP
- The plan provides coverage for prescription medication
- The lifetime benefit is at least \$500,000 or more

### Section 4 - Certification

Signature .....

Date .....

Send completed form to:

Email: [Kelan.Beacham@duke.edu](mailto:Kelan.Beacham@duke.edu)

Fax: 919-681-2874

Mail: DUMC Box 2899, Durham, NC 27710