

TRICARE WAIVER EXAMPLE

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Student Information

Student ID:	<input type="text"/>	Email:	<input type="text" value="BSU_GUEST"/>
First Name:	<input type="text" value="Buster"/>	Alt Email:	<input type="text"/>
Middle Name:	<input type="text"/>	Phone:	<input type="text"/>
Last Name:	<input type="text" value="Bronco"/>	Alt Phone:	<input type="text"/>
DOB:	<input type="text"/>		

Insurance Information

Please click "Search" to find the name of your insurance company as it appears on your ID card.

Ins. Co. Name:*	<input type="text"/>	<input type="button" value="Search..."/>	
Ins. Co. Phone:*	<input type="text"/>		
Primary Insured First:*	<input type="text"/>	Relationship to Primary Insured:*	<input type="text"/>
Primary Insured Middle:	<input type="text"/>	Policy/Group Number:*	<input type="text"/>
Primary Insured Last:*	<input type="text"/>	Member/SUB ID:*	<input type="text"/>
Primary Insured DOB:*	<input type="text"/>		

Additional Information

Are you an international student?

Submit Documentation

Uploaded Document Title

Date Upload

To upload files click the bottom "Upload"; Please note that we only allow the following file extensions to be uploaded: pdf, jpeg, gif, tif, png, doc and docx. Also note that the maximum file size cannot exceed 8MB.