

UHC Insurance Policy Waiver for 13-14

****Complete and return this form with a copy of current health insurance card by 8/30/13****
This form is only required by students who have health insurance and want to opt out of the UHC policy.

Montreat College SAS requires that all full time students have health insurance. United Health Care www.uhcsr.com will provide a student health insurance policy for each full time student for the 13-14 year (August 1, 2013 to July 31, 2014) at a cost of \$928.00. The UHC policy is accepted by many of the doctors, pharmacies, hospitals and mental health providers in the Black Mountain/Asheville area. This fee will appear on each full time student's bill for the Fall 2013 semester.

The UHC policy and premium may be waived for a student who provides **proof of current health insurance coverage for the year**, and who returns this **completed waiver form by August 30, 2013**. No waivers will be available after that date. Acceptable proof of coverage will be a copy of the student's health insurance card listing the student by name or proof of insurance from the insuring agency with the student listed by name.

* I understand that I am responsible to maintain the insurance policy I have for the entire 13-14 academic year. In the event my policy is cancelled, I will be required to immediately obtain a health insurance policy myself.

*I understand that not all health care providers, medical transports, mental health providers or pharmacies participate in all health insurance plans, and that I am responsible to find providers who will accept my health insurance or I will be responsible to pay for the charges myself.

*I understand that Montreat College is not responsible to locate health care providers, medical transport, mental health providers or pharmacies that accept my health insurance policy.

*I understand that Montreat College is not responsible for any medical expenses I may incur.

If the student is not the primary member/subscriber on the existing health insurance policy, the primary member/subscriber must sign this waiver along with the student.

Health Insurance Co _____ Member/Subscriber ID _____

I have read, understood and agreed to the terms of this document:

Student Name (please print)

Student Signature

Date

Primary Member/Subscriber Name (if not student) (please print)

Primary Member/Subscriber Signature (if not student)

Date