



THE COMMONWEALTH
MEDICAL COLLEGE

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STUDENT HEALTH INSURANCE PLAN
WAIVER FORM

I am acknowledging that as a Commonwealth Medical College Medical Student, I have the option of purchasing a Preferred Provider Organization (PPO) student health plan from the Commonwealth Medical College. This plan is administered by Blue Cross of Northeastern Pennsylvania. The plan year begins August 1 of every year and ends twelve months later or July 31 of the following year. The election is an annual process and does not automatically continue year over year.

In order to waive coverage, I must supply a copy of the health insurance identification card which I am currently enrolled and return the waiver form to the Student Affairs office no later than July 1, 2015.

The Commonwealth Medical College Student Plan provides a high level of coverage. The benefits of this plan that I am waiving, are on the reverse side of this document.

I, _____ (Medical Student Name), am electing to waive
(Please print)

health insurance coverage as provided by The Commonwealth Medical College

Student Plan. This waiver is effective August 1, 2015 and will continue until

July 31, 2016.

_____ (Date)