



The Waiver Worksheet

Use the following worksheet to ensure you have all the information you'll need to provide when you request a waiver. **Once you exit the waiver site, you won't be able to go back and edit information or complete the online waiver request at a later date.**



Lifetime maximum _____

Plan deductible _____

Out-of-pocket maximum _____

Insurance carrier name _____

Type of plan ☐ HMO ☐ PPO ☐ HSA ☐ POS

Group number _____

Plan name _____

Insurance carrier address _____

Insurance carrier U.S. customer service phone number _____

Policy holder name _____

(if you are a dependent, this would be your parent's name)

Policy holder date of birth _____

Policy holder ID# _____

If you are a dependent on your parents' plan,
at what age are you no longer eligible for coverage? _____