



STUDENT HEALTH INSURANCE 2008-2009

IMPORTANT NOTICE

Notre Dame de Namur requires that **all Residents, all Athletes, and all International Students** have health insurance and will automatically bill these students for Fall enrollment in the NDNU health insurance plan. Students with comparable health insurance coverage may waive out of the NDNU International and Domestic Student Accident & Sickness Insurance Plan by completing, signing and submitting this form to Health & Wellness Services **by August 29, 2008. STUDENTS MUST HAVE INSURANCE PRIOR TO MOVING INTO CAMPUS HOUSING. A NEW Waiver Form must be submitted ANNUALLY, or after a break in academic studies.**

Comparable Coverage means that your health plan meets **ALL** of the following waiver criteria:

- The annual deductible must be no more than \$1,000 per Plan Year;
- There is no less than a \$50,000 per injury or per Sickness Maximum;
- Coverage must include maternity benefits;
- Coverage must include services in the San Francisco Peninsula;
- Coverage must not be for Emergency Services only (must include inpatient and outpatient benefits);
- Coverage must meet the State of California mandated benefits and Federally mandated benefits; and
- Coverage must be active throughout the entire academic year

STEP ONE: Check Waiver or Enrollment Box:

- I WAIVE 2008-2009 NDNU STUDENT INSURANCE ENROLLMENT AS MY POLICY MEETS THE ABOVE CRITERIA

INSURANCE COMPANY _____ POLICY NUMBER _____ INSURANCE ID # _____

- I CHOOSE TO VOLUNTARILY ENROLL IN THE 2008-2009 NDNU INTERNATIONAL AND DOMESTIC STUDENT ACCIDENT & SICKNESS INSURANCE PLAN (and will be responsible for the noted premium): **

Annual: \$1,175 (08/01/08 through 07/31/09)

Fall: \$ 536 (08/01/08-01/13/09)

Spring/Summer: \$638 (01/14/09 through 07/31/09)

Summer Only: \$254 (05/18/09 through 07/31/09)

****Eligibility extends to undergrads taking 6 or more units or grad students taking 3 or more credits and who attend the first 45 days of the period for which coverage is purchased. Refund of premium will be considered only for any student who does not attend school during the first 45 days of the period for which coverage is purchased, or if the student enters into the Armed Forces and request a refund within 90 days of withdrawal.**

STEP TWO: complete the following:

STUDENT'S NAME _____ Last First MI DATE OF BIRTH _____ month/day/year PHONE: _____

STUDENT I.D. # _____ GRADUATE _____ UNDERGRADUATE _____

PERMANENT U.S. MAILING ADDRESS _____

E-MAIL ADDRESS _____ VISA TYPE (F-1, J-1 ETC.) _____ City State Zip HOME COUNTRY _____

Underwritten by:
Combined Insurance Company of America
Chicago, Illinois
Policy # CUH201530

By my signature I agree that the above statements are true and agree to immediately notify Health & Wellness Services of any changes in my contact information or my health insurance policy information. Any approved waiver is good for the 2008-2009 Plan Year only and I understand that I must submit a new Waiver Form Annually or after a break in academic studies.

Print Name _____ Date _____ Student Signature _____
RETURN NO LATER THAN AUGUST 29, 2008 TO: NDNU, Health & Wellness Services, 1500 Ralston Ave. Belmont, CA 94002 Fax 650.508.3475 Phone: 650.508.3756
For further information or to download Enrollment/Waiver forms visit our website at: www.ndnu.edu/campus-life/health-wellness