

Notre Dame de Namur University
STUDENT HEALTH INSURANCE 2009-2010
IMPORTANT NOTICE

Notre Dame de Namur requires that ***all Residents, Athletes, and International Students*** have health insurance. NDNU will **automatically** bill these students in their first term of enrollment in the NDNU International and Domestic Student Accident & Sickness Insurance Plan.

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

Students with comparable health insurance coverage may waive out of the NDNU Plan by completing, signing and submitting this waiver form to Health & Wellness Services by **August 25, 2009** (or **January 13, 2010** for new Spring students). **STUDENTS MUST HAVE INSURANCE PRIOR TO CHECKING 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 \$100,000 per Injury or per Illness maximum;
- Coverage must include maternity benefits (women only);
- 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;
- Coverage must be active throughout the entire academic year.

Failure to fill out and submit the reverse of this form to the Health and Wellness Office by the due date will result in enrollment in the NDNU International & Domestic Student Accident & Sickness Insurance Plan and a charge to the student account.

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STEP ONE: Waiver or Enrollment (initial appropriate box)

I WAIVE 2009-2010 NDNU Student Insurance Plan enrollment as my policy meets the criteria on the reverse of this form.

INSURANCE COMPANY

POLICY NUMBER

INSURANCE ID #

I CHOOSE TO VOLUNTARILY ENROLL IN THE 2009-2010 NDNU INTERNATIONAL & DOMESTIC STUDENT ACCIDENT & SICKNESS INSURANCE Plan (and I will be responsible for the noted premium):

- Both Fall and Spring/Summer (Annual Plan):** \$1,175 (08/01/09 through 07/31/10)
- Fall:** \$536 (08/01/09 through 01/13/10)
- Spring/Summer:** \$638 (01/14/10 through 07/31/10)
- Summer Only:** \$254 (05/18/10 through 07/31/10)

**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

Last Name

First Name

MI

Date of Birth (mm/dd/yyyy)

Telephone Number

Student ID #: _____ Graduate: _____ Undergraduate: _____

Permanent U.S. Mailing Address _____
Street City State Zip

E-Mail Address _____ VISA Type (F-1, J-1 etc.) _____

Citizenship of _____

STEP THREE: Signature required

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 2009-2010 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 25, 2009 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