



# HEALTH INSURANCE WAIVER

Undergraduate students may waive the Binghamton University Student Medical Insurance Plan if they have coverage through another carrier, or are registered part-time and intend to remain part-time the entire semester. (This form does NOT apply to Graduate or International Students.)

**Student Accounts Office**  
PO Box 6003  
Binghamton, New York 13902-6003  
607-777-2702, Fax: 607-777-2053

**Binghamton University Policy:** Binghamton University requires all full-time undergraduate students to have health insurance coverage. For undergraduates, full-time is defined as enrolled in twelve or more credit hours in a given term.

Insurance enrollment for graduate and part-time students is optional. Graduate students who are interested in enrolling may do so by contacting the Office of Student Accounts. International students are required to enroll in a separate Insurance Plan (International Student Insurance Plan).

ALL undergraduate students will be charged the insurance upon registration unless they waive the Binghamton University Student Medical Insurance Plan by filing the waiver form below.

There are TWO types of waivers:

1. The student HAS coverage through another carrier. (This waiver will remain in effect until reversed by the student.)
2. The student is registered part time, intends on remaining part-time the entire semester and DOES NOT have coverage through another carrier. (This waiver expires at the end of the term.)

Students who submit a completed waiver within the first six weeks of the semester (as determined by the official University Academic Calendar) will not be billed the insurance fee, or will have the insurance fee removed from their bill. Note: Waiver forms submitted to the Student Accounts Office after the end of the sixth week of classes will be applied toward the next semester.

If you are a full-time undergraduate student and wish to waive the medical insurance, please follow these instructions:

1. Before waiving Binghamton University Student Health Insurance, please be sure your current coverage can be used for services and referrals in the Binghamton, New York, community. See information on reverse side for details.
2. Complete the form below.
3. **Mail or deliver to the Student Accounts Office up to the end of the sixth week of classes.**

**DO NOT SUBMIT the form to Decker Student Health Services Center.**

## INSURANCE WAIVER FORM (PLEASE PRINT NEATLY) – NOT FOR INTERNATIONAL STUDENTS' USE

<b>STUDENT DATA</b>	Student's last name _____	First name _____	M.I. _____	Student's date of birth _____ / _____ / _____	University ID number (B-number) _____
	Citizenship Status: <input type="checkbox"/> US citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> International student (STOP – This form does not apply to international students.)				
<b>INSURANCE COMPANY</b>	Name of Insurance Company Insurance _____			Company's telephone number _____ ( _____ ) _____	
	Policy number (ID# and Group #) _____			Policy holder's name if family plan _____	
<b>CERTIFICATION</b>	<b>CHECK ONE:</b>				
	<input type="checkbox"/> I hereby apply for a waiver of the Student Accident and Sickness Insurance Plan required by Binghamton University. I certify that I have alternative health coverage now. I have listed the referenced information for my coverage above. I understand that, if I should close my insurance coverage I must enroll in the Binghamton Student Accident and Sickness Insurance Plan. I may do so by contacting the Student Accounts Office.				
<input type="checkbox"/> I do not have insurance coverage however, I will remain a part-time student during this term and I choose to waive the Student Accident and Sickness Insurance Plan. I understand that if I increase my enrollment to full-time I am required to pay for the insurance premium or provide evidence of alternate coverage and that this waiver expires at the end of this term.					
Student or parent (if student is under 18) signature _____				Date _____	

For office use only: TERM \_\_\_\_\_ Waiver TYPE INSW or INST \_\_\_\_\_ Attribute updated \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

# IMPORTANT NOTICE REGARDING INSURANCE COVERAGE

If waiving Binghamton University Student Health Insurance, please confirm that your current coverage can be used for services and referrals in the Binghamton, N.Y., area.

## AREA HOSPITAL SYSTEMS INCLUDE:

### UNITED HEALTH SERVICES

#### **Wilson Medical Center**

33-57 Harrison Street  
Johnson City, NY 13790  
607-763-6000

#### **Binghamton General Hospital**

10-42 Mitchell Avenue  
Binghamton, NY 13903  
607-762-2200

### LOURDES HOSPITAL

169 Riverside Drive  
Binghamton, NY 13905  
607-798-5111

Laboratory tests performed at Decker Student Health Services Center are sent to United Health Services laboratories, which are not part of Decker Student Health Services.

If a student's insurance requires a special laboratory for processing, it is the student's responsibility to notify the laboratory and Decker Student Health Services staff. Failure to provide prompt notification will result in the student assuming full financial responsibility for the services provided.

For further information, call 607-777-2221 or e-mail [health.services@binghamton.edu](mailto:health.services@binghamton.edu).

