

University Health Services

**Alternative Insurance Waiver Request**

An online waiver request is available through a link on the SPIRE website. This paper request will be accepted only if you cannot access the online waiver or if you have signed a FERPA privacy statement with the university.

If you have comparable coverage and do not want the Student Health Benefit Plan, fill in your insurance information below and return to the Patient Services department at the University Health Services (UHS). **All information must be completed or the waiver cannot be approved. A copy of your insurance card must be attached (front and back).**

Student Name:	
Student ID:	DOB:
Home Address:	
E-mail Address:	
Insurance Company Name:	
Insurance Company Address:	
Insurance Company Phone #:	
Policyholder ID #:	
Group Plan (employer) Name:	Group #:
Subscriber:	Relationship:

\_\_\_\_\_ Undergrad                      \_\_\_\_\_ Graduate

*I certify that the policy named above is now in force and will be maintained during the plan year. I hereby waive participation in the Student Health Benefit Plan and acknowledge that I am legally responsible for any and all medical expenses incurred by myself/son/daughter for this policy period. I have compared my coverage with the University of Massachusetts Student Health Benefit Plan and verify that mine is comparable. Free care is not a qualifying insurance plan. I authorize my insurance eligibility with the above-listed company.*

\_\_\_\_\_  
Student Signature (or parent signature if student is under age 18)

\_\_\_\_\_  
Date

\ y \

Reason: \_\_\_\_\_  
\_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Rejected

\_\_\_\_\_ Emailed