Southern Methodist University

2017 - Spring International Waiver

Southern Methodist University requires that all domestic University students enrolled in nine credit hours or more maintain health insurance coverage. For students who are already maintaining their own private coverage the student must waive the Student Health Insurance Plan (SHIP) by providing documentation of current comparable health insurance coverage prior to the deadline of February 7, 2017.

Please Print:

Student's Name	Last	First	Middle Initial

SMU E-mail Address (Only)	**Phone** ( )	**Student ID #**	**Date of Birth** *(mm/dd/yyyy)*

Please complete the entire form. A blank field may result in a denied waiver.

INSURANCE COMPANY INFORMATION

Name of Insurance Company	
Insurance Company Phone Number	

INSURANCE POLICY DETAILS

Student is listed on the policy as:	❑ Primary/Main Insured ❑ Spouse/Domestic Partner ❑ Dependent
Date of Birth of Main Insured: ___/___/___	*If student is not the main insured, provide the name of the individual who is the main insured:*_____ *(Usually Parent or Spouse)*
Insurance Policy/Group Number	
Insurance Member ID Number	
Documentation Required	Provide a copy of the front and back of your current insurance card or letter on official company letterhead verifying current coverage with effective dates of policy. (Copies cannot be made at the Health Center).

CERTIFICATION OF WAIVER: The information I've presented here is true and SMU may contact my insurance company for verification.

I request a waiver of participation in the Student Health Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Southern Methodist University and that Southern Methodist University will not be responsible for any medical expenses I may incur. By signing this form, I attest that the information provided about my insurance coverage is true and correct. I understand that the information is subject to verification and I must maintain coverage throughout the semester for which I have been granted a waiver.

Should my insurance provider change during the period covered by this waiver, I agree to notify Southern Methodist University of my new insurance provider within thirty days of termination of the coverage provided above. If I fail to maintain insurance coverage, I understand that I may be subject to automatic billing for participation in the Student Health Insurance Plan in the amount of $1,304.00 per semester.

If this request is denied, I understand that my SMU student account will be billed for the Student Health Insurance Plan.

I have read and agree to the above terms and conditions of the SMU Student Health Insurance Waiver Form above.

Student Signature		Date

PLEASE NOTE: Information contained in this waiver is kept confidential and is used only for its intended purpose.

Forward the completed form with supporting documentation. Students must provide copies of their insurance card. (copies cannot be made at the Health Center). Students may scan and email, fax or drop in Drop Box inside the lobby of the Health Center. It is the student's responsibility to verify we have received documentation prior to the deadline each semester.

Southern Methodist University
Student Health Center
Insurance Office
3014 Daniel Avenue
Dallas, TX 75205-1434

Fax: (214) 768-2151
Email: studenthealthinsurance@smu.edu

Note: If waiver is approved, the insurance documentation will be entered in the student's account, the charge for the health insurance will be removed from the student's SMU student account, and an email will be sent to confirm approval. If waiver is not approved, the student will be notified via an email from the SMU Health Insurance Office.