



**Meadville Lombard**  
Theological School

**2009/2010 Student Health Insurance (U-SHIP) WAIVER FORM**

During the time you are registered at Meadville Lombard, health insurance coverage is mandatory. During the enrollment period which **ends at 5:00pm on Friday, September 11, 2009** you are required to either:

- **ENROLL** in the U-SHIP Basic coverage plan, or
- **WAIVE ENROLLMENT** by providing evidence that you have coverage in a health insurance plan that is comparable to U-SHIP.

**YOU WILL AUTOMATICALLY BE ENROLLED** in U-SHIP Basic coverage and the Billing Office will bill you accordingly—UNLESS you make a U-SHIP coverage selection or waive U-SHIP enrollment during the enrollment period. Every student must complete the enrollment OR waiver process **each year**.

If you wish to waive the U-SHIP coverage for the 2009/2010 academic year, please read carefully and fill out the following waiver of benefits.

PLEASE READ CAREFULLY, FILL OUT COMPLETELY, SIGN BELOW, & MAIL, EMAIL (AS A PDF), OR FAX TO:

**Senior Director of Student Services and Communications**  
**Meadville Lombard Theological School**  
**5701 S. Woodlawn Avenue**  
**Chicago, IL 60637**  
[tporter@meadville.edu](mailto:tporter@meadville.edu)  
**FAX: 773.256.3007**

I have health insurance that satisfies the conditions listed on the following page and **DO NOT** wish to purchase the U-SHIP Student Health Insurance Plan.

(STUDENT) Full Name \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber Number (US) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

Insurance Policy Number (US) \_\_\_\_\_

By signing below, I affirm that I have health insurance coverage that meets the conditions described on the following page. I am requesting to waive the USHIP Student Health plan. I certify that the information supplied is correct, and I am responsible for any incorrect information, whether intentional or otherwise. I understand I am legally responsible for any medical expenses incurred during my enrollment at Meadville Lombard Theological School, and that Meadville Theological School and its medical insurance program will not be responsible for any of my medical expenses. I understand that if my plan does not meet these requirements, or I am uninsured, I may automatically be charged for and enrolled in the U-SHIP Student Health Insurance Plan if I am a full time or Residential student.

I understand that this waiver will be valid for the entire 2009 – 2010 academic year, while I am continually enrolled in classes at Meadville Lombard Theological School and that if I want to be enrolled in the U-SHIP Student Health Plan I will have to notify the Department of Enrollment & Student Services in writing.

I understood the statements above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DEADLINE TO WAIVE IS SEPTEMBER 11, 2009**

## COMPARABILITY OF COVERAGE

### Waivers Will Be Denied If The Following Criteria Are Not Met:

Does Your Insurance Policy Provide:	Minimum Requirements
Coverage for at least 80% of CC* for both emergency <b>as well as</b> non-emergency (e.g., routine or specialty care), <b>provided in the Chicago area?</b>	Yes
Lifetime Maximum Coverage	\$1,000,000
Coverage for Pre-existing conditions	80% of CC*
Inpatient Hospital Benefits (including labs, x-rays, and misc. expenses)	80% of CC*
Emergency Room Visits and Treatment	80% of CC*
Outpatient Benefits (e.g. Physician office visits, labs, Physical Therapy, radiology, etc.)	80% of CC*
Outpatient Mental Health Benefits	80% of CC* up to 25 visits/year
Inpatient Mental Health Benefits	80% of CC* up to 30 days/year
Prescription Drug coverage of at least \$1,500/year	Yes
Ambulance coverage	80% of CC*
Access to Primary Care Physician/Provider in the location you will be studying (for most of you this is Chicago)	Yes
Medical evacuation and repatriation coverage (in the event that you are traveling and need to be transferred to another location)	Yes

#### \*CC - Provider's (physician/hospital) Customary Charges

Additional waiver criteria:

1. Plan must have a U.S. phone number and address for the processing of claims information.
2. Plan must provide coverage from September 1, 2008 to August 31, 2009, or through the end of your academic program, whichever comes first.