



Student Health Insurance Waiver Request & Comparability Worksheet 2011/2012

Incomplete forms will not be processed

NAME: _____

Student ID#: _____

Check applicable situation below:

I have comparable health insurance coverage through another source and will not be purchasing student health insurance through Michigan Tech. This insurance waiver will be in effect for the entire academic year or until you no longer have another insurance policy. A waiver form must be completed each academic year.

I have health insurance coverage through MichiganTech as an employee, spouse or dependent child. Name of Employee _____

Sign and date the form below. Send this form with a copy of your health insurance card or policy to the Student Health Insurance Office, Lakeshore Center or fax to 906-487-3220.

Direct any questions to studentinsurance@mtu.edu or call 906-487-2517.

Comparable Insurance Waiver Worksheet

If your policy is comparable, place a check or x in the box

	SUPPORTED Graduate Students			Undergrad & UNSUPPORTED Graduate Students		
	MichTech Grad Policy	To be comparable	MY POLICY	MichTech Undergrad Policy	To be comparable	MY POLICY
Total maximum benefit amount	\$100,000	at least \$50,000		\$75,000	at least \$50,000	
Deductible amount	\$250	no more than \$500		\$100 annual	no more than \$1000	
Pre-existing conditions covered	6 mo. Possible waiting	yes		6 mo. Possible waiting	yes	
Medical evacuation	yes	yes		yes	yes	
Repatriation	yes	yes		yes	yes	
Inpatient care, room, & board	yes	yes		yes	yes	
Psychotherapy	inpatient/outpatient	yes		inpatient/outpatient	yes	
Alcoholism and substance abuse	yes, under psych	yes		yes, under psych	yes	
Emergency Room	usual & customary	yes		\$1000 max. / injury	yes	
Maternity	usual & customary	yes		usual & customary	yes	
Prescription drugs	\$1800/\$15 co-pay	yes		\$1800/\$10 co-pay	yes	
x-rays and lab work	usual & customary	yes		\$1000 max. / injury	yes	
Coverage period meets requirement						
Supported students	Through Aug. 15, 2012	same		N/A	N/A	
Unsupported students	terms enrolled	same		terms enrolled	same	

I hereby certify that all the above information is true and complete.

Signature

Date