Student Health Insurance Waiver Request & Comparability Worksheet 2009/2010

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 MichTech. 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 filled out each academic year

Please complete waiver worksheet and attach a copy of your insurance identification card or policy, sign and date.

☐ I have health insurance coverage through MichiganTech as an employee, spouse or dependent child. Please sign and date at the bottom

Return this form to the Student Health Insurance Office, Administration Building room 201, or fax to 906-487-3220.

Direct any questions to Renee Hiller rlhiller@mtu.edu or 906-487-1088.

Comparable Insurance Waiver Worksheet

	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	$100 annual	no more than $500		$100 annual	no more than $500	
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, 2010	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

rev 7/30/2009