



Oregon Health & Science University

Waiver Attestation Form – Effective January 2015

Oregon Health & Science University requires all eligible students to maintain an adequate level of health insurance. Students may satisfy the insurance requirement through employer sponsored plans, parent’s plans (until age 26), Medicare, OHP, Tricare or other individual plans that meet the minimum coverage requirements. Please refer to the OHSU waiver website to view waiver requirements and find insurance resources at www.ohsu.edu/jbt-health.

Section I

Student Name: Last: _____ First: _____ Date of Birth: _____

Student Contact Number: _____ Student ID: _____

Student Email Address: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Section II

Name of Insurance Company: _____

Subscriber Name (Primary Insured): _____ Member ID Number: _____

Insurance Company/Group Policy #: _____ Insurance Co Telephone #: _____

Insurance Effective Date: _____ Insurance Expiration Date: _____

YOU MUST INITIAL EACH LINE ITEM ATTESTING THAT YOUR PLAN OFFERS THE FOLLOWING COVERAGE:

- My plan is in effect from the first of the month in which classes began.
- My plan provides for the essential health benefits as outlined by the Affordable Care Act (<https://www.healthcare.gov/glossary/essential-health-benefits/>).
- My plan is designated as a gold or platinum metallic level either on the exchange or in actuarial value. Plans designed as silver or below, do not qualify and will not satisfy the waiver criteria.
- My plan provides or will authorize if medically necessary in-patient and out-patient care in Oregon or my state of domicile (including office visits, behavioral healthcare & ancillary procedures) if my studies are based outside of Oregon.
- My plan provides or will authorize if medically necessary emergent/urgent coverage outside of the state of Oregon or my state of domicile.
- My plan provides coverage internationally and if not a covered benefit, I acknowledge personal responsibility to obtain travel benefits if I choose to travel outside of the country.
- I understand I cannot opt back into the Student Health Insurance Plan unless I have a qualifying event.
- I have included a copy of the front/back of my current health insurance card.

- **IMPORTANT NOTE** - If approved, I acknowledge the need to meet the University waiver deadlines. I understand if missed, the waiver will be applied to the next 2014-15 academic term; that the insurance premium for the entire term will appear on my tuition account; and it may take two weeks or longer to have refunds credited, after the waiver application is approved. Please see www.ohsu.edu/jbt-health for additional details about waiver criteria and deadlines.
- I understand if this waiver is approved, it will expire at the end of Summer Term 2015 and I must re-submit my attestation form before the start of Fall term 2015 if I wish to continue exemption from the required medical insurance.
- **I understand that part of my responsibility as an OHSU student is to maintain adequate health insurance coverage for the duration of my OHSU academic career and if I am found to be in violation of this I may face disciplinary action up to and including dismissal.** I understand if I lose insurance during the school year I must, within 30 days, enroll in the OHSU student medical plan by contacting the JBT Health & Wellness Center or be approved for a new waiver for a different qualifying plan. Enrollment must be backdated to the date of prior coverage termination. We reserve the right to audit attestation forms at any time during the 14/15 academic year to confirm coverage.

REQUIRED: Student Signature of Attestation that coverage meets all the above requirements

Please Return To:
Email: askjbthealth@ohsu.edu or Fax: (503) 494-2958
Questions? Email askjbthealth@ohsu.edu or call (503)494-8665