



2014-2015 OHSU Dental Insurance Waiver Application

All eligible OHSU students are required to carry dental coverage and will be automatically enrolled into the dental program. Students who carry comparable dental coverage are eligible to request a waiver from the OHSU dental insurance program.

Name: _____ Student ID# _____

Date of Birth: _____

Address: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone: _____

*I hereby certify that I will maintain dental insurance
with the following company:*

Name of Primary Insured: _____ Address: _____

Phone: _____ DOB _____ Policy# _____ ID# _____

Insurance Company: _____ Sponsoring Employer _____

- I understand that if this waiver is approved, it will expire at the end of Summer Term 2015, and I must re-apply before it expires if I wish to continue this exemption from the required student dental insurance.
- I understand 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.
- I understand that if I lose this waived insurance during the school year I must, within 30 days, enroll in the OHSU student group dental 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.

I affirm that the statements in this affidavit are true to the best of my knowledge:

Signature: _____ Date _____

**Please fax your waiver request to OHSU Insurance Waiver Appeal at (503) 494-2958 or
email form to: askjbthealth@ohsu.edu**

Attn: OHSU Dental Waiver

For Questions-Please use the above email or call (503) 494-8665

**If you have questions regarding the dental insurance plan or wish to enroll your dependents
please call Aetna Student Health at 1-877-261-8409 or online at**

www.aetnastudenthealth.com/ohsu.