

# **PLEASE FOLLOW THESE INSTRUCTIONS TO AVOID DELAYS IN PROCESSING YOUR REQUEST.**

1. Download this form using one of the following methods:
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  - a. Mac users: the Preview app does not always save the text. Please use one of the above.
3. Save the PDF. Add your first and last name to the file name.
4. Email the PDF and any required documentation to [studentinsurance@columbia.edu](mailto:studentinsurance@columbia.edu).

Thank you for your cooperation,  
Columbia Student Health Insurance Team

**2020-21 COLUMBIA UNIVERSITY STUDENT  
INSURANCE PLAN WAIVER REQUEST –  
DOMESTIC STUDENTS (US Citizens/Permanent Residents ONLY)**

**SECTION A:**

STUDENT'S NAME: \_\_\_\_\_ UNI: \_\_\_\_\_

CU EMAIL ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**SELECT YOUR FALL 2020 TERM STUDENT STATUS:**

- Residing on-campus or engaging in on-campus academic activities  
 Online Only - Not residing in the New York City Area, and not engaging in on-campus academic activities

**SECTION B:**

Ins Company Name: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy Original Effective Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Ins Company Phone: \_\_\_\_\_

**SECTION C: WAIVER CRITERIA (please check the boxes below that correspond with your student status)**

<b>Residing on-campus or engaging in on-campus academic activities</b>	<b>Online Only - not engaging in on-campus academic activities</b>
<input type="checkbox"/> The plan must meet the requirements of the Affordable Care Act, including coverage for routine, urgent, and emergent care for all of the act's Essential Health Benefits in New York State. For a description of the act's Essential Health Benefits, read Compare Your Coverage on the Columbia Health Website.  <input type="checkbox"/> The plan must be licensed to do business in the United States.  <input type="checkbox"/> The plan must be effective and remain in force for the duration of the plan year, August 15, 2020 to August 14, 2021.	<input type="checkbox"/> The plan must meet the requirements of the Affordable Care Act, including coverage for routine, urgent, and emergent care in the area where the student will reside for the Fall 2020 term.  <input type="checkbox"/> The plan must be licensed to do business in the United States.  <input type="checkbox"/> The plan must be effective and remain in force for the duration of the plan year, August 15, 2020 to August 14, 2021.

**SECTION D:**

<b>Required Documentation – All documentation must be provided to allow us to review your waiver request</b>	
<b>Residing on-campus:</b> <input type="checkbox"/> Copy of the front and back of Insurance Card	<b>Online only:</b> <input type="checkbox"/> Copy of the front and back of Insurance Card <input type="checkbox"/> Proof of residency location for the Fall 2020 term <ul style="list-style-type: none"> <li>• Recent copy of one of the following showing the name and address               <ul style="list-style-type: none"> <li>○ Lease</li> <li>○ Utility/Credit Card Statement</li> <li>○ Bank Statement</li> </ul> </li> <li>• Other comparable document showing name and address</li> </ul>

**SECTION E:**

I understand that I am requesting a waiver of mandatory enrollment in the Columbia University Student Health Insurance Plan. I further understand that if my waiver request is approved I will be responsible for ALL my medical expenses and will not be allowed to enroll in this plan again until the next policy year or I meet the criteria to enroll with a qualifying life event. In addition I understand that the Columbia Health & Related Service Fee is non-refundable. I understand this request is subject to Columbia University's approval and the decision is FINAL.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

By checking this box and typing my name above, I am electronically signing my application.

Forms and all supporting documentation must be submitted via email ([studentinsurance@columbia.edu](mailto:studentinsurance@columbia.edu)) no later than September 30, 2020 to be considered for 2020-2021 waiver consideration.