# BROWN UNIVERSITY
## STUDENT HEALTH INSURANCE PLAN

**SUMMER TERM WAIVER**
**DEADLINE: MAY 18, 2009**

Brown University requires all students to participate in a comprehensive health insurance plan. To ensure that all students are covered, you will be **automatically enrolled** in Brown University's Student Health Insurance Plan (SHIP) and your student account will be charged the $528 summer premium for coverage effective June 1 - August 15, 2009. If you want to participate in the plan, do not return this form.

If you have a comparable health insurance plan and DO NOT want Brown University's SHIP, please complete the information requested below, sign, and return by the deadline of **May 18, 2009**. Waiver forms will not be accepted after the deadline. Please return the completed form by fax (401-863-1566) or by mail to:

Brown University
Insurance Office
164 Angell Street - Box 1848
Providence, RI 02912

***Important Note: You will receive a waiver information packet in May for the University's SHIP for the full academic year. Separate waivers must be submitted for the summer term (6/1/09 - 8/15/09) and the 2009-2010 academic year (8/15/09 - 8/15/10) if you choose to waive SHIP.***

To waive participation in Brown University's SHIP, complete the following information. Please print and be sure that all information is complete and accurate. Incomplete forms will be returned. (*Before waiving SHIP, please verify that your insurance company provides adequate coverage that is accessible in the Providence area for lab tests, x-rays, prescriptions, emergency room care, hospitalization, surgical expenses, mental health care, etc. You should also be familiar with any pre-certification requirements that your insurance plan may have.)*

Name of Insurance Company | Policy ID # | Insurance Company Phone #

Insurance Company Claims Address (Street or P.O. Box #, City, State, Zip Code)

Name of Policyholder | Relationship to Policyholder (Self or Dependent) | Group Name or Number

**I certify that I wish to waive participation in Brown University's Student Health Insurance Plan (SHIP).**
I will participate in a health insurance plan other than the University SHIP while enrolled as a student at Brown University. I have compared my health insurance plan with the University SHIP and have determined the benefits to be comparable. I understand that I will be responsible for my medical expenses and that neither the University nor the Student Health Insurance Plan will be responsible for any medical expenses.

Print Student Name | Student ID # | Student Signature | Date