

EASTERN IDAHO TECHNICAL COLLEGE – PROFESSIONAL TRUCK DRIVER TRAINING PROGRAM 2010-2011 STUDENT HEALTH INSURANCE PLAN – WAIVER FORM

Eastern Idaho Technical College offers a Student Health Insurance Plan (SHIP). If you are an EITC student enrolled in the Professional Truck Driver Training Program, you will automatically be enrolled in the Student Health Insurance Plan (SHIP). However, if you are enrolled in an alternative health insurance plan that meets **coverage requirements**, you may file an application to waive out of the Eastern Idaho Technical College Student Health Insurance Plan (SHIP). You must provide information regarding your alternative insurance to verify proof of coverage. Please note that failure to provide proof of coverage **by the Waiver Deadline Date** will result in mandatory enrollment in SHIP. Student accounts will be automatically charged for SHIP and will be reimbursed by check as soon as the waiver has been deemed successful.

Do Not Falsify Your Insurance Information: Eastern Idaho Technical College has the right to conduct a review of student health insurance waivers to verify the existence of health insurance coverage. **Students who knowingly falsify information on this form may be subject to sanction for violation of the student Code of Conduct and/or financial penalty.**

Representation Regarding Student's Coverage

By submitting this application to waive coverage under the Eastern Idaho Technical College SHIP, I warrant that the insurance policy corresponding to the insured student named ("*Insured*") exists in Active status.

In order to provide proof of existing coverage, you may either fill out the form on the next page so that we may contact your insurance company OR you may provide one of the following documents.

THE MOST EFFECTIVE WAY to prove coverage is to submit a Letter of Verification. You may request that your insurance carrier fill out a Letter of Verification on your behalf. When you have a completed Letter of Verification in hand, you may fax it to (877) 778-6787. You may also submit a copy of your Insurance ID card (front and back) and we will attempt to verify coverage with this information. Please see the note on Insurance ID cards (below).

- Letter of Verification – Identifies your insurance carrier and active coverage dates, and provides proof of your coverage. A Letter of Verification form (with instructions) is available for download at www.renstudent.com/eitc.
- Insurance ID Card – Assists in the verification of coverage. *Please note that providing a copy of the insurance ID card does not automatically provide proof of coverage to waive you out of SHIP because an insurance ID card does not verify ACTIVE coverage dates.*

I give consent:

- a. For Insured's insurance agent to notify Eastern Idaho Technical College if Insured's purchased insurance expires; and/or
- b. For Eastern Idaho Technical College or for Renaissance Insurance Agency, the administrator on behalf of Eastern Idaho Technical College, to contact Insured's insurance agent to verify the status of Insured's insurance if any question arises about Insured's coverage.

By submitting this form, I agree to the following:

- a. I have carefully read this document and understand its contents and I am requesting an exemption from the mandatory Eastern Idaho Technical College Student Health Insurance Plan because I have health insurance coverage for sickness and injury that is comparable, which will cover me for the exemption period indicated.
- b. I accept and am legally bound to each provision in this document.

HIPAA STATEMENT

We restrict access to information about you to those employees and third parties who need to know that information in order to provide the benefits and services pertinent to your insurance policies. All personal information exchanged with third parties (such as health care providers, insurance companies and entities administering claims) is restricted by confidentiality agreements. Our employees are trained and required to safeguard all such information. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about you from disclosure. If, at any time in the future, it is necessary to disclose any of your personal information in a manner that is inconsistent with this policy, we will give you advance notice of the proposed change so that you will have the opportunity to consent or refuse consent to such disclosure.

Please see the next page for the manual waiver form.

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MANUAL WAIVER FORM

In the absence of a completed Letter of Verification or insurance ID card, please fill out the form below and FAX it to Renaissance Insurance Agency for verification at (877) 778-6787. We will attempt to verify your insurance and you will be notified within 7-10 business days as to the result.

Indicate the session you are attending below (*start and end dates may vary*):

SESSION DATE*	START DATE	END DATE	DEADLINE DATE
<input type="checkbox"/> Session 02	08/09/10	09/17/10	08/13/10
<input type="checkbox"/> Session 03	09/06/10	10/15/10	09/10/10
<input type="checkbox"/> Session 04	10/04/10	11/12/10	10/08/10
<input type="checkbox"/> Session 05	11/01/10	12/10/10	11/05/10
<input type="checkbox"/> Session 06	11/29/10	01/07/11	12/03/10
<input type="checkbox"/> Session 07	12/27/11	02/04/11	12/31/11
<input type="checkbox"/> Session 08	01/24/11	03/04/11	01/28/11
<input type="checkbox"/> Session 09	02/21/11	04/01/11	02/25/11
<input type="checkbox"/> Session 10	03/21/11	04/29/11	03/25/11
<input type="checkbox"/> Session 11	04/18/11	05/27/11	04/22/11
<input type="checkbox"/> Session 12	05/16/11	06/24/11	05/20/11

*Start and end dates are tentative and subject to change. The Waiver Deadline Date will default to the first Friday of the first week of class.

School Name:	
Student First Name	
Student Last Name	
Student Middle Initial	
Student ID Number	
Date of Birth	
School Email Address:	
Insurance Plan Name:	
Full Legal Name of Primary Insured:	
Group or Policy #:	
Member ID #:	
Insurance Company Phone Number:	

Student Signature: _____

Date: _____