# BROWN UNIVERSITY
## STUDENT HEALTH INSURANCE PLAN

**SUMMER TERM WAIVER**
**DEADLINE: MAY 19, 2008**

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, 2008. 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, 2008**. 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 (6/1/08 - 8/15/08) and the 2008-2009 academic year (8/15/08 - 8/15/09) 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