

**SUFFOLK UNIVERSITY**  
**STUDENT HEALTH INSURANCE PLAN**  
**WAIVER FORM**  
**SUMMER 2019 STUDENTS ONLY**

According to Massachusetts State Law and Suffolk University policy (Mandatory Health Insurance Coverage Institutions of Higher Education), every institution of higher education shall require all full-time and part-time students, defined as at least 75% of full time academic program, enrolled in a certificate, diploma or degree-granting program to participate in a qualifying student health insurance program or in a health benefit plan with comparable coverage as defined in 114.6 CMR 3.05(2). Suffolk students must annually submit a waiver form if they have comparable health insurance provided by a U.S. based carrier.

All eligible students are automatically enrolled in the Suffolk University Student Health Insurance Plan (SSHIP) for coverage in the Summer 2019. Each student's account will be charged the **\$694** Summer insurance premium. If you would like to waive the SHIP please submit the waiver below. A credit in the amount of the insurance fee will be posted to your student account after the waiver is processed.

I **DO NOT** want the Suffolk University Student Health Insurance Plan. I certify that I have comparable coverage as indicated below, which will be in force through **August 21, 2019**.

**STUDENT INFORMATION**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Last 4 digits of social security number: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

International student: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance company name: \_\_\_\_\_

Group number (optional): \_\_\_\_\_

Policy number: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Insurance company city: \_\_\_\_\_

Insurance company state: \_\_\_\_\_

Insurance company zip: \_\_\_\_\_

Insurance company phone: \_\_\_\_\_

Subscriber name: \_\_\_\_\_

Subscriber ID number: \_\_\_\_\_

Subscriber relation: \_\_\_\_\_

***By my completed submission, I affirm that:***

*1. The insurance information supplied above is correct and I have health insurance coverage that meets all conditions previously confirmed;*

*2. I understand that I am legally responsible for any medical expenses incurred during my enrollment at Suffolk University; and*

*3. I understand that neither the University nor the Student Health Insurance Plan will be responsible for any of these medical expenses.*

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

\_\_\_\_\_  
Date