

Brandeis University 2006-2007 Undergraduate Health Insurance Reporting/Selection Form

All full time and half time students in the Commonwealth of Massachusetts are required by state law to have health insurance while enrolled at any College or University. If you are currently enrolled in Mega, the Qualifying Student Health Insurance Plan (QSHIP) and want to continue you must complete this form to prevent a lapse in coverage. If you have private insurance, you may decline coverage in QSHIP by providing the necessary information below.

Failure to complete this form by the deadline (June 30, 2006) will result in an unnecessary charge to your student account.

(Print Clearly) First/Given Name MI (Print Clearly) Last/Surname

(Print Clearly) Number & Street Address

(Print Clearly) City State Zip Code Class of _____

Social Security # or student Id# / / Date of Birth (mm/dd/yy) Male Female

Brandeis mailbox# (if know) _____

Yes: Enroll me in the Mega Student Health Insurance Plan (QSHIP)

Student \$1,475 Student plus Spouse \$6,133 Student plus Child \$3,796 Family \$8,472

Dependant names and date of birth _____

Signature _____ Date _____

No: I do not want to participate in the Student Health Insurance Plan. Please note that International Insurance companies must have a U.S. address.

• I certify that I have coverage as indicated below. Private Insurance Company Information

*Name of Private Insurance Company: _____

*Claims/Bill submission Address of Insurance Co. _____

*Customer Service Telephone number _____

*Group or Plan Number _____

* Id Number _____

*Name of Subscriber/Primary Card Holder _____

*Social Security Number of Primary Card holder _____

*Name of Employer _____

*** MUST BE COMPLETED OR IT WILL BE RETURNED* *PLEASE PROVIDE COPY OF CURRENT INSURANCE CARD***

- I have determined that my insurance includes all benefits mandated by the Massachusetts Law. I have also determined that my insurance provides me access to health care providers in the area where my school is located.
- I have read the above, understand it, and wish to decline enrollment in QSHIP. I further certify that the information provided above is true and complete.
- Incomplete form will not be accepted.

Print Name _____ Signature _____ Date _____