USU School of Veterinary Medicine
Health Insurance Enrollment/Waiver Form

Name: _____ **A#:** _____

STUDENT HEALTH INSURANCE

Health insurance is mandatory while attending the School of Veterinary Medicine at Utah State University. This policy is instituted to help you mange the risk of a contingent or indeterminate health issue while attending professional school. Students may choose to enroll in the health insurance plan offered through USU, or may go through an outside company. If you choose to enroll with a company outside of USU, you must provide evidence that you are covered by an equivalent policy. All students will be initially enrolled in the USU Student Health Insurance Plan, and then will be removed once they show proof of equivalent coverage. You have through the third week of school to provide proof of equivalent coverage. After that, you will be enrolled in the insurance for the full academic year and need to pay for that coverage.

Policies are considered equivalent if they meet the following conditions:

A. The insurance must cover at least $500,000.
B. The insurance needs to cover the full year (August – July).
C. The insurance must cover maternity care.
D. The insurance may not have a deductible greater than $3,000.

STUDENT ACKNOWLEDGEMENT

Effective 9/11/13, the Office of Student Services will work directly with veterinary students and the Student Health Center to obtain information on whether Veterinary Students want to enroll in or waive the University's plan. Marking the box next to your choice and signing below indicates your decision to accept the USU Health Insurance Plan or an equivalent alternative, as well as an understanding of the benefits and criteria associated with your choice. Failure to comply with this health policy or fraudulently making a claim may result in a USU SVM Honor Code violation.

☐ **I wish to enroll in the USU Health Insurance Plan.**

- **Please review the policy and information on the Student Health and Wellness Centers website at http://www.usu.edu/health/healthinsurance/ .**
- **Please be familiar with the costs and coverage: http://www.usu.edu/health/healthinsurance/rates.cfm**

☐ **I wish to waive the USU Health Insurance, and obtain an outside and equivalent policy.**

- **Please make sure that your policy meets the equivalency conditions stated above.**
- **Verification of outside policy information is required. Please send or email a copy of your policy, along with a copy of your health card to the USU Insurance Coordinator, Katelyn Richins at Katelyn.richins@usu.edu.**

_____ _____
Student Signature Date

Print Form **Submit Form**