

2023-2024 BYU STUDENT HEALTH PLAN WAIVER FORM

NAME: _____ BYU ID #: _____
LAST FIRST MIDDLE

Semesters/terms you would like to waive:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fall Semester 2023 | <input type="checkbox"/> 1st Block | <input type="checkbox"/> 2nd Block |
| <input type="checkbox"/> Winter Semester 2024 | <input type="checkbox"/> 1st Block | <input type="checkbox"/> 2nd Block |
| <input type="checkbox"/> Spring Term 2024 | <input type="checkbox"/> Summer Term 2024 | (The Student Health Plan is an academic year-long policy.) |

CERTIFICATION OF MEDICAL COVERAGE

All continuing BYU students who are enrolled in classes for at least 3/4 time must be covered by a major medical insurance plan that meets or exceeds BYU's minimum coverage standards. Most group insurance provided by your employer or your spouse's or parent's employer meets this requirement. To meet the BYU insurance requirement, you must do one of the following:

- Be enrolled in a group health plan provided by your parent's, your own, or your spouse's employer that covers you in Utah.
- Enroll in an individual Affordable Care Act-compliant health plan that covers you in Utah.

You will need to provide this certification of coverage when you first enroll at BYU and before the beginning of fall semester each year thereafter. **Also, you must maintain coverage continuously.**

If you become ineligible to continue your group insurance as an employee or as the spouse or child of an employee, you may enroll in the BYU Student Health Plan if you apply within 60 days of losing your eligibility for the other coverage. Contact the SHC Health Plan Office for more information.

I am covered by the following qualifying major medical plan:

* Insurance company: _____	* Policy effective date: _____
* Policyholder name: _____	* Policyholder birth date: _____
* Member ID/Policy number: _____	* Insurance co. phone number: _____

* Required fields

I certify that the medical insurance coverage I have indicated above is in force. I understand that I must maintain adequate insurance coverage continuously while I am a continuing BYU student. **(Your signature is required below. We cannot process this form without it.)**

Signature: _____ Date: _____