Oregon State University

Office of University Human Resources - Benefits
236 Kerr Administration Building
Corvallis, OR 97331
P 541-737-7568 | F 541-737-7771
hr.oregonstate.edu/graduate-student-insurance-plans

GSE Insurance Waiver Application

Section 1. APPLICANT INFORMATION

Last Name	First Name	Date of Birth	OSU ID Number	
Street Address		City	State	Zip Code
Email Address	Phone Number	Citizenship		
Job Classification	Employing Department		Hire Date	

Section 2. REASON FOR WAIVING COVERAGE

- ☐ **I am an international student who is sponsored by my embassy**
- ☐ **I am covered by an employer group insurance plan as a U.S. based employee, or dependent of a U.S. based employee.**
  'TriCare, VA Health, and Tribal health coverage are considered 'other group medical coverage. Most student plans, Medicare and Medicaid, are not employer group plans. COBRA is also not a group policy'
  - ☐ <u>OR</u> I am waiving medical/vision insurance and am enrolling in dental-only coverage

Section 3. GSE PLAN INSURANCE WAIVER REQUIREMENTS

Pursuant to the requirements stated in the Letter of Offer, members are automatically enrolled in the plan offered by the University unless they submit a waiver application proving that their plan meets or exceeds the requirements shown below within 30 days of their position start date.

Lifetime Plan max	No lifetime plan maximum
Deductible	$100 deductible per person
Out-of-Pocket Maximum	$1,000 out-of-pocket max per person at Preferred Providers
Coinsurance	10% coinsurance at Preferred Providers (must include: office visits, diagnostic labs & imaging, hospital services & surgery, physical therapy, mental health, chemical dependency, pregnancy/maternity)
Prescription Drugs	$15, $25, $ 35 co-pay for generic, preferred, and non-preferred drugs
Emergency Room	$50 co-pay then 10% at Preferred Providers
Vision	One eye exam per year & hardware: glasses and/or contacts
Dental	$50 deductible, $2,500/year annual benefit maximum for coverage including exams, cleanings, x-rays, restorative, extractions, oral surgery, crowns and dentures
Repatriation of Remains & Medical Evacuation	International students must have a minimum of $50,000 coverage for Repatriation of Remains and minimum $50,000 coverage for Medical Evacuation coverage.

<u>A new waiver application must be submitted every fall term and/or after returning from a break in employment. If you change from one policy to another during the year, you are required to submit a new waiver application for review the month it becomes effective.</u>

Approved waivers are effective for one academic year at a time, until employment ends, or until the private insurance plan ends. Students who initially waive the insurance plan will only qualify to enroll in the OSU plan at a later date under special circumstances (qualifying life event such as loss of private insurance coverage), or during the fall term open enrollment period.

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Section 4. INSTRUCTIONS

Complete this form and attach supporting insurance documents for a complete application. Your Benefits Specialist in the Office of University Human Resources will notify you via email with a decision regarding your waiver application.

Required Documentation:

- Copy of insurance card(s)
- Summary of benefits for medical, dental, vision and pharmacy plans including: deductible, annual benefit maximum, out-of-pocket maximum, copays and coinsurance in English and U.S. dollars.
- If sponsored by an embassy, also attach a copy of the letter of sponsorship, financial guarantee, or embassy card

Section 5. ENTER YOUR PLAN'S COVERAGE

Only plans that meet the requirements will be approved. Please enter your plan coverage below if it meets the criteria in Section 3.

Coverage Category	Coverage Amount
MEDICAL: Enter insurance company name	
MEDICAL: Lifetime Maximum Amount ($) or enter "No Max"	
MEDICAL: Annual Deductible ($) Per Person	
MEDICAL: Annual Out-of-Pocket Maximum ($) per person	
MEDICAL: Coinsurance (%) or copay ($) for visits	
MEDICAL: Copay ($) for prescription drugs?	
MEDICAL: Emergency Room copay ($) and/or coinsurance (%)?	
VISION: Enter insurance company name	
VISION: Does your plan cover both exams and hardware? (Yes/No)	
DENTAL: Enter insurance company name	
DENTAL: Annual deductible ($)	
DENTAL: Annual Benefit Maximum ($)	
International: Amount of coverage ($) for repatriation of remains	
International: Amount of coverage ($) for medical evacuation	

SIGNATURE AND ACKNOWLEDGMENTS

By signing below, I certify the following:

- I am voluntarily waiving coverage provided by OSU due to having a private insurance plan that meets all requirements outlined on Page 1 of this form and understand that I will be required to enroll in, and authorize payment for, the university insurance plan if my plan does not meet these requirements.
- **ALL**: I understand I am required to submit a new waiver form each fall term, and/or notify the OSU Office of Human Resources, Graduate Benefits Consultant if my insurance policy ends or changes.
- **International**: I understand my insurance coverage, including medical evacuation and repatriation of remains, must remain in effect as long as I am enrolled at OSU.

Signature	Date

Questions? Contact: **Office of University Human Resources – Benefits**
Email: gradhealth@oregonstate.edu
236 Kerr Administration Building, Corvallis, OR 97331
Phone: 541-737-7568, Fax: 541-737-7771

FOR OFFICE USE ONLY:

Approval Status	Waiver Effective Date	Date Employee Notified	Payroll Codes Entered
Notes:			