

**DOMESTIC STUDENT
 HEALTH INSURANCE WAIVER
 2020-2021 Academic Year**

Student Information (Please Print Clearly)

_____		_____@bgsu.edu		_____ - _____	
BGSU Student ID Number (Required)		BGSU Email		Telephone #	
_____		_____		_____/_____/_____	
Last Name		First Name		Middle Initial	
_____		_____		Date of Birth (mm/dd/year)	
_____		_____		_____	
Address (Home)		Apt. #		City	
_____		_____		State	
_____		_____		ZIP	

Insurance Information (Please Print Clearly)

_____		_____ - _____		_____	
Insurance Company Name		Insurance Company Phone		Group/Policy Number	
_____		_____		_____	
Insurance Company Address		_____		Member ID Number	
Student is listed on the policy as the <i>(select one)</i> <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse/ Domestic Partner <input type="checkbox"/> Policy Holder					
_____		_____/_____/_____		_____	
Policy Holder's Name		Policy Holder's Date of Birth		Policy Holder's Employer	

The following requirements must be met to waive out of the BGSU-sponsored insurance policy:

- Y N Plan provides coverage for medical/mental health care in Northwest Ohio
 Y N Coverage is currently active and the student agrees to maintain health coverage throughout the academic year

Waiver submissions may be reviewed by Bowling Green State University, or its insurance carrier, and/or their contractors or representatives. You may be required to provide any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that you have coverage for the applicable policy year and it meets the school's waiver requirements. You also agree that we may provide other insurance plans with information regarding your waiver of the student health insurance plan, based on your representations that you are enrolled in another insurance plan's benefit plan.

_____	_____/_____/_____
Student Signature (If under 18, needs to be signed by parent/ guardian)	Date (mm/dd/year)
_____	_____/_____/_____
Parent Signature	Date (mm/dd/year)

Return the completed waiver form prior to: August 1, 2020
Student Insurance Office
 Falcon Health Center, Suite 202
 838 E. Wooster Street
 Bowling Green, OH 43402
 Phone: 419-372-7495
 Fax: 419-372-4812
 Email: studentins@bgsu.edu
www.bgsu.edu/studentinsurance