



**University
Health
Services**

Student Health Plan (SHP) Waiver/Enrollment Form 2006-07

Forms may be returned to:
University Health Services
McCosh Health Center
Washington Road
Princeton, NJ 08544-1004
Fax (609) 258-9191
Questions? (609) 258-3138

*To be completed by the student/
parent/guardian*

Deadline: June 30, 2006

Please print or type

Instructions

Complete this form and sign at the bottom. Please be sure to read each section carefully, sign at the bottom, and attach documentation as requested. Incomplete forms cannot be accepted, so be sure to double-check each section for completeness and signature(s).

Student Information *(please print)*

Student's name <i>(last, first, middle initial)</i>	Nickname	Date of birth	Gender	SS #
Home or campus address and phone		Emergency contact <i>(address, and phone if different)</i>		

Princeton affiliation *(check one)*

Undergraduate, Class of '07 '08 '09 '10 Other _____

Student Health Plan (SHP)

In the best interest of our students' health and access to care, we require that a Princeton student's alternative coverage be comparable to the Student Health Plan (SHP). Please review your coverage thoroughly to ensure comparable coverage prior to signing this waiver form. You are responsible for all medical expenses resulting from services that are not covered by your health insurance.

Acceptable Comparable Health Insurance Coverage

Refer to the SHP website at http://www.princeton.edu/uhs/si_shp.html for a complete description of the SHP. In order to waive coverage, your plan must meet the following criteria:

- ✓ It covers treatment for emergency care, medical and surgical treatment, diagnostic procedures, laboratory tests, specialty consultations, and hospitalization (including inpatient hospitalization for mental health/psychiatric care and chemical dependency) while at Princeton University.
- ✓ It covers you for all those services while you're a student at Princeton University or traveling in the United States or abroad.
- ✓ It has a maximum benefit that is at least \$100,000 annually, or \$400,000 lifetime.
- ✓ It covers injuries resulting from the practice or play of athletics.
- ✓ It is domiciled in the United States.

(Check one)

ENROLLMENT I wish to enroll in the Princeton University Student Health Plan (SHP). I understand that I am responsible for all medical expenses resulting from services that are not covered by the plan. *The fee is \$1,000 for the period September 1, 2006, to August 31, 2007. The SHP fee is reflected on your tuition bill.*

Parent/student signature _____ Date _____

WAIVER I have comparable health insurance coverage that meets or exceeds the Princeton University Student Health Plan (SHP) for the period of my enrollment at Princeton University.

Parent/student signature _____ Date _____

Certification: Information on current health insurance coverage is required if waiving the SHP.

(You may attach a copy of the front and back of your health insurance card in lieu of completing this section.)

Insurance company _____ Policy/group numbers _____

Address _____

If applicable, please complete the following: _____ Telephone number for precertification _____

Primary-care physician _____ Telephone number for primary-care physician _____

Policyholder or student signature _____ Date _____ SHP Office Copy