



CARLOW UNIVERSITY

2008/09 Health Insurance Enrollment/Waiver Please respond as soon as possible.

Online submission available at
www.hulseqm.com/myinsurance

Your password is included on the letter that accompanied this form.

All Students Must Submit Enrollment or Waiver Information

- All full-time and part-time undergraduate students are required to provide verifiable proof of comparable health insurance coverage or enroll in the plan offered by Carlow University.
- If you do not take action, you will be automatically enrolled in the Standard Plan and your student account will be billed for the cost of the insurance in two installments, \$610.00 in August and \$510.00 in December. Any waivers received after 9/30/08 will be assessed a financial penalty of no less than \$100.00.
- Confirmation of your enrollment or waiver will be sent within 2-3 weeks to the email address you provide below. If you do not receive a confirmation, please resubmit your information.

ENROLLMENT

YES - I accept the Carlow-sponsored Highmark Standard Plan. I acknowledge that submitting this information prior to the deadline will EXPEDITE the processing and receipt of my insurance ID card.

Effective dates: 8/1/2008 through 7/31/09
 Cost of Insurance: Standard Plan \$1,120.00

Includes all administrative fees. For the Enhanced Plan and/or coverage including dependent spouse and/or dependent children at an additional cost, please contact the Carlow Student Accounts office at 412-578-6258.

Required Information:

Student Name (First, MI, Last) _____

Student's Carlow ID # _____

Student Email: _____

Student Cell Phone: _____

Student Date of Birth _____ Gender M F

Any person who knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I understand that the cost of the health insurance Standard plan will be added to my Student Account. If applicable, I authorize the health insurance charges to be covered by my Title IV financial aid. I further understand that I may rescind this Title IV authorization by giving written notice to the Student Accounts Office. I will then be responsible for payment of these charges on my Student Account.

Signature _____ Date _____

Student will be mailed an enrollment packet with ID card 2-3 weeks after enrollment. Please provide preferred mailing address for all health insurance communication.

Address _____

City _____ State _____ Zip _____

WAIVER

NO - I am providing this waiver as proof of comparable coverage by a private health insurance plan and I have confirmed that my plan will cover my medical expenses while at school.

Required Information:

Student Name (First, MI, Last) _____

Student's Carlow ID # _____

Student Email _____

Name of Insurance Company _____

Subscriber's Name _____

Member ID # _____

Group # _____

Member Service Phone # _____
Found on back of card.

Is there Prescription Coverage? Yes No

Claims Address listed on card _____

If I should need medical attention while at school, please refer me to the following providers in the Pittsburgh area.

Physician _____ Phone _____

Hospital _____ Phone _____

I hereby waive rights to the benefits of the Carlow - sponsored health insurance program. If the Insurance Company specified on this form fails to pay, I understand that I will be solely responsible for all medical expenses.

Signature _____ Date _____

Please submit Enrollment or Waiver information at www.hulseqm.com/myinsurance or return this form to:

Carlow University
 c/o Student Insurance Administrator
 P.O. Box 2363 * Mechanicsburg, PA 17055

www.hulseqm.com/myinsurance
 Fax: (717) 591-2093
 Email: university@hulseqm.com