

Health Insurance Selection/Reporting Form and Directions

Please read this information carefully:

All full time and $\frac{3}{4}$ time students in the Commonwealth of Massachusetts are required by state law to have health insurance while enrolled at any College or University. The intention of the law is to ensure that students have access to needed medical resources. Students must select the Brandeis Qualifying Student Health Plan (QSHIP) or waive the QSHIP by reporting comparable health insurance coverage through another insurance carrier **each year** in order to register for courses. Failure to select or waive the QSHIP by the deadline of June 30 for fall admissions and Dec 1 for Spring admissions will result in a default charge for QSHIP to your bill.

The following form allows you to enroll in QSHIP or waive QSHIP by reporting your comparable insurance coverage.

If you are reporting insurance coverage from an alternate carrier, please call your insurance agent to make sure you have comparable coverage to the Brandeis QSHIP plan while in Massachusetts. It is your responsibility to carefully evaluate your insurance plan for adequacy before reporting your coverage is comparable to the QSHIP. Please refer to [QSHIP](#) and [MA HCFR Regulation 114.6 CMR 3.00](#) for more information as needed.

Comparable coverage means:

- 1. The policy must be *purchased* through a U.S. based carrier company or U.S. based subsidiary. Foreign insurance plans (including Embassy-sponsored plans) are NOT accepted. Plans that do not meet this requirement cannot be waived by the University per MA regulation.**
- 2. Plans which provide coverage through a closed network of providers, not reasonably accessible in the area where the student attends school are not eligible. Plans must include coverage for local out-patient diagnostic and medical services as well as hospital based emergency services. Plans not meeting this requirement cannot be waived by the University per MA regulation.**
- 3. Out of state Medicare or Medicaid programs and MA Health Safety Net or Commonwealth Care plans cannot be waived by the University per MA regulations.**
4. The policy must have a minimum of \$100,000 coverage per injury or sickness.
5. Mental health and substance abuse must be covered as any other illness or injury. This means that both in-patient and out-patient treatment must be covered.
6. Injuries or illnesses that occur as a result of alcohol, illegal drugs or as the result of an attempt to commit suicide must be covered as any other illness or injury.
7. Pregnancy care must be subsidized.
8. There must be coverage for pre-existing conditions.
9. The maximum yearly deductible cannot exceed \$250.00 (does not apply when in a family plan).
10. Prescription drug coverage must be subsidized.
11. Emergency medical transportation if you become ill or injured while away from home or campus should be subsidized.

The State requires that any student who does not report comparable coverage **must participate in the insurance program provided by their institution (QSHIP).**

Please mail the following form and copies of your insurance cards if applicable to:

Brandeis University Health Center, ATTN Insurance Coordinator
415 South Street, MS 034
Waltham MA 02454-9110
Telephone: 1 (781) 736-3681
Fax: 1(781) 736-3675

Brandeis University 2011-2012 Graduate Health Insurance Reporting/Selection Form

(Print Clearly) First/Given Name MI (Print Clearly) Last/Surname

(Print Clearly) Number & Street Address

(Print Clearly) City State Zip Code Graduate Department _____

Social Security # or Student Id# _____/_____/_____
Date of Birth (mm/dd/yy) [] Male [] Female
Brandeis Mailstop (if known) _____

[] **Yes:** Enroll me in the **Qualifying Student Health Insurance Plan (QSHIP)**

[] Student \$1751.00 [] Student plus Spouse \$7340.00 [] Student plus Child \$4,549.00

[] Family \$ 10,138.00 Learn more about the Qualifying student health insurance plan visit www.brandeis.edu/health

[] **Yes:** Enroll me in the **Tufts HMO:**

[] Student \$7765.00 [] Student + One \$ 15,530.00 [] Family \$ 23,295.00

[] **Yes:** Enroll me in the **Individual Health Center Fee** – This annual fee is optional for graduate student's \$662.00 covers visits at the on-campus health Center and Psychological Center during the academic year. The fee is in addition to health insurance.

Print Name _____ Signature _____ Date _____

[] **No:** I do not want to participate in the Student Health Insurance Plan. I am reporting comparable coverage:

*Name of U.S. Insurance Carrier Company: _____
The policy must be **purchased** through a U.S. based carrier company

*Claims/Billing Address of Insurance Co. _____

*Customer Service Telephone number _____

*Group or Plan Number _____ *Insurance ID Number _____

*Subscriber/Primary Card Holder Name _____ *Subscriber's SS# _____

*Students Relationship to Subscriber: Daughter [] Son [] Spouse [] other []

****Please provide copies of both sides of your insurance card****

I acknowledge I am waiving the qualifying Student Health Insurance plan (QSHIP) and confirm I am currently enrolled in a health insurance plan providing continuous coverage for the school year. I have reviewed both plans and have determined my current coverage to be comparable.

I further acknowledge that by waiving the QSHIP, I will be solely responsible for any medical expenses I may incur and neither Brandeis, BIDMC, nor Harvard Pilgrim Insurance Company will be held responsible for any medical expense.

*If I am an international student, I understand comparable coverage cannot be reported unless I am currently enrolled in a comparable plan **purchased from a U.S. based carrier company** as required by MA Reg. 114.3 CMR 3.00.*

If the information provided on this form is found to not be accurate, I understand I may be enrolled in the QSHIP and charged the full insurance premium.

Print Name _____ Signature _____ Date _____