

# PETITION FOR WAIVER OF THE STUDENT HEALTH INSURANCE

## ILLINOIS INSTITUTE OF TECHNOLOGY

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Please complete and return to  
Illinois Institute of Technology  
Health Service  
3300 So. Michigan, FH 103  
Chicago, IL 60616

### STUDENT INFORMATION - Please Print

Last Name		First Name		Student ID Number	
Address				Date of Birth	
City, State, Zip		Daytime phone #		Evening phone #	
Please check all that apply:					
<input type="checkbox"/> Full Time Student		<input type="checkbox"/> Part Time Student		<input type="checkbox"/> Other _____	
<input type="checkbox"/> UnderGraduate		<input type="checkbox"/> Graduate		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Main Campus	<input type="checkbox"/> Kent Law	<input type="checkbox"/> Stuart (MBA)	<input type="checkbox"/> Rice Campus	<input type="checkbox"/> Other _____	

### INSURANCE INFORMATION - Please Print

Please enter ALL the following information, attach a copy of your insurance card to this form and submit it to Counseling & Health Service at or before the time of registration. All information must be filled out for this waiver to be valid.

Name of Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ ID Number \_\_\_\_\_

Relation to the Student \_\_\_\_\_ Insurance Expiration Date \_\_\_\_\_

Phone Number of Insurance Company \_\_\_\_\_

I certify that the above information is accurate and complete. I request the Student insurance fee be waived on the basis that I now have and will maintain the above comparable insurance coverage while enrolled at IIT. I understand that this waiver will be valid for each term that I am continually enrolled in classes at IIT and that if I want to be enrolled in the Student Health Plan I will have to notify Health Service in writing. I also understand that if my insurance coverage changes or expires I may be enrolled in IIT's Student Health Plan unless I provide proof of new insurance to Health Service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENT HEALTH INSURANCE IS MANDATORY AT IIT. IF YOUR INSURANCE INFORMATION CHANGES YOU MUST NOTIFY HEALTH SERVICE WITHIN 30 DAYS. STUDENTS FOUND WITHOUT VALID HEALTH INSURANCE MAY BE ENROLLED IN THE STUDENT HEALTH PLAN AND BILLED ACCORDINGLY. THIS WAIVER WILL ROLL OVER FROM TERM TO TERM AS LONG AS YOU ARE CONTINUALLY ENROLLED AT IIT. IF YOU TAKE A SEMESTER OFF YOU MUST RESUBMIT YOUR WAIVER WHEN YOU RETURN. SHOULD YOU NEED HEALTH INSURANCE THROUGH IIT (AFTER YOU HAVE WAIVED IT) YOU MUST NOTIFY HEALTH SERVICE IN WRITING THAT YOU WISH TO PURCHASE THE IIT STUDENT HEALTH INSURANCE. HEALTH SERVICE IS ON THE 1<sup>ST</sup> FLOOR IN FARR HALL. FOR MORE INFORMATION, PLEASE CALL US AT 808-7100

### IIT USE ONLY

Status of Waiver ☐ Approved ☐ Pending (reason) \_\_\_\_\_ ☐ Denied (reason) \_\_\_\_\_

Term Effective \_\_\_\_\_

Evaluated by \_\_\_\_\_ Date \_\_\_\_\_