April 2015

Attention Students:

PLEASE SHARE THIS INFORMATION WITH YOUR PARENTS TO AVOID ANY UNNECESSARY CHARGES TO YOUR STUDENT ACCOUNT.

Annually, all incoming and returning students are required to provide Student Health and Wellness Service with proof of health insurance coverage. This applies even if your insurance remains the same from last year. It is the student’s or parent’s responsibility to contact their health insurance provider to find out how the coverage works while a student is attending school.

- **If you have health insurance coverage**, choose **Option 1** (on the form provided), fill out the requested information & return it to student health services by June 15, 2015.
- **If you would like to enroll in the college health insurance plan**, choose **Option 2** (on the form provided), fill out the bottom portion of the form & return it to student health services by June 15, 2015.
- Students may opt to update their insurance information on-line through mySwarthmore.
- Parents can update this insurance information on-line by logging into their E-Bill account (and selecting the “Student Health Insurance” tab). If a parent is not currently enrolled in E-Bill, they may find out how to enroll by visiting the following link www.swarthmore.edu/e-bill (and selecting Parent/Authorized User Set Up).

**COLLEGE INSURANCE PLAN DESCRIPTION:**


- No overall annual limit per contract year
- Out-of-pocket-expense limit of $6,350 for preferred providers per contract year
- 80% coverage with preferred providers; see limitations & exceptions for non-preferred providers
- Mental Health, behavioral health, or substance abuse needs: refer to the schedule of benefits
- Accidental death and dismemberment, Medical Evacuation & Repatriation benefits
- Prescription Benefit: see schedule of benefits for limitations & exceptions
- Refer to Swarthmore College Student Health and Wellness website to view the College Health Insurance Brochure
- The college health plan is compliant with the Affordable Care Act and applicable state mandates
- Enrollment for the full academic year in fall or 1/2 year spring semester only - no prorated enrollment or refunds

The 2015-2016 student health insurance policy is effective August 17, 2015 through August 16, 2016. The $1,240 premium is billed in one installment on the fall semester E-Bill (issued in early July 2015). Any student with a question regarding eligibility for financial assistance with the insurance premium to meet Swarthmore’s health insurance requirement can email health@swarthmore.edu by June 15, 2015.

**DEADLINE: June 15, 2015. If your information is not received by the deadline, you will be enrolled in the college health plan and charged the full premium of $1,240 on your fall semester tuition E-Bill (issued in early July 2015).**

**REQUIREMENTS: All enrolled students must be insured.**

In order to waive coverage, your current plan must meet the following requirements:

- Be effective through the academic year (notify student health immediately if you should have a change or loss of coverage)
- Provide for emergency and urgent care locally
- Cover hospital admissions locally
- Provide coverage while studying abroad

The information must be received by Student Health and Wellness Service no later than the deadline of June 15, 2015 (even if your insurance remains the same as last year).

Contact Mary Jane Palma at 610-328-8062 or email Student Health and Wellness Service at <health@swarthmore.edu> if you have questions.

Sincerely,

[Signature]

H. Elizabeth Braun
Dean of Students  SWARTHMORE COLLEGE, 500 COLLEGE AVE., SWARTHMORE, PA 19081-1397 (610) 328-8000
ANNUAL MANDATORY INSURANCE ENROLLMENT FORM 2015-2016

You may email this completed form to health@swarthmore.edu
or mail to: Swarthmore College, Attn: Student Health and Wellness Service, 500 College Avenue, Swarthmore, PA 19081

Students (in lieu of completing this form) may opt to update this insurance information on-line through mySwarthmore or Parents can update this insurance information on-line by logging into their E-Bill account (and selecting the "Student Health Insurance" tab). If a parent is not currently enrolled in E-Bill, they may find out how to enroll by visiting the following link www.swarthmore.edu/e-bill (and selecting Parent/Authorized User Set Up).

Print Student Name: ___________________________  Class Year ___________________________

Date of Birth ___________________________  Student id# ___________________________

OPTION (1): My insurance listed below meets the College requirements listed on the back of this form and I wish to WAIVE the Swarthmore College Health Plan.

Signature (Student or Parent): __________________________________________________________

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (front and back) TO THIS FORM

**Also include a copy of any separate prescription card**

Insurance Company Name: ______________________________________________________________

Insurance Company Address: ____________________________________________________________

______________________________________________________  GROUP# ______________________

ID# ____________________________________________________________

Insurance Company Phone Number: _____________________________________________________

Name of policy holder: ________________________________________________________________

Address of policy holder: ______________________________________________________________

________________________________________________________

Phone number of policy holder: ____________________________

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PLEASE COMPLETE THIS SECTION TO ENROLL IN THE COLLEGE HEALTH INSURANCE PLAN

OPTION (2): I would like to enroll in the College Health Insurance Plan at the rate of $1,240 for the year beginning August 17, 2015 and ending August 16, 2016.

Due to economic hardship, I would like to be considered for a discounted rate. I do not have other health insurance that meets the college minimum requirements.

Signature: ____________________________