Important Annual Health Insurance Requirement

May 2018

Dear Students:

Before June 15th, you must waive or enroll in the Student Health Insurance Plan (SHIP).

Annually, all incoming and returning students are required to provide the Student Health Center with proof of health insurance coverage. **This applies even if your insurance remains the same from last year.** It is the student’s responsibility to contact their health insurance provider to find out how their coverage works while a student is attending school. Please be certain that your private or state sponsored health insurance plan will cover a student away from home. Services away from home, such as blood tests, MRI’s, x-rays, behavioral health and care from a specialist are often not covered under a private or state sponsored insurance plan. If you choose to waive the Student Health Insurance Plan please look carefully at in-network vs. out-of-network costs and check to see if your health insurance plan covers southeast Pennsylvania.

**REQUIREMENTS:** All enrolled students must be insured. If your private or state sponsored insurance plan does not meet the following requirements, you will need to enroll in the student health insurance plan.

- 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

**ONLINE ENROLLMENT PROCESS**
To enroll in the 2018-2019 Student Health Insurance Plan (SHIP)
1. Log into mySwarthmore < Click Worth Health Center < Click Student Health Portal < Click Forms
2. Complete Annual Required Health Insurance Information Form

**ONLINE WAIVER PROCESS**
To waive the 2018-2019 Student Health Insurance Plan (SHIP)
1. Log into mySwarthmore < Click Worth Health Center < Click Health Insurance Waiver
2. Complete Health Insurance Waiver Form (enter your current health insurance policy information)

**STUDENT HEALTH INSURANCE PLAN DESCRIPTION:** National Guardian Life. **2018-2019 Annual Premium:** $1,648.00 [www.gallagherstudent.com/swarthmore](http://www.gallagherstudent.com/swarthmore) < Click My Plan and Benefit Information.

The 2018-2019 student health insurance policy is effective August 17, 2018 through August 16, 2019. The **$1,648.00 premium** is billed in one installment on the fall semester E-Bill issued in July. Financially aided students should be aware that financial assistance is available for the Student Health Insurance Plan (SHIP) premium. Any student with a question regarding eligibility for financial assistance with the insurance premium can email finaid@swarthmore.edu before June 15, 2018.

**DEADLINE:** June 15, 2018. If your information is not received by the deadline, you will be enrolled automatically in SHIP and charged the full premium of $1,648.00 on your fall semester tuition E-Bill.

Questions? Contact the Student Health Center at health@swarthmore.edu
IMPORTANT ANNUAL INSURANCE ENROLLMENT FORM 2018-2019

If you are unable to complete the form online and have limited computer or mobile access, Email this completed form to health@swarthmore.edu or mail to: Swarthmore College, Attn: Student Health and Wellness Center, 500 College Avenue, Swarthmore, PA 19081

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 Student Health Insurance 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: _________________________________________________________

ID# ___________________________ Group# ___________________________

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 STUDENT HEALTH INSURANCE PLAN

___ OPTION (2): I would like to enroll in the Student Health Insurance Plan at the rate of $1,648.00 for the year beginning August 17, 2018 and ending August 16, 2019.

Signature: ________________________________________________________________