

Samuel Merritt College Student Plan

WAIVER FORM

Blue Cross of California

Group Insurance Program For Medical
and Allied Health Students

CAMPUS LOCATION

OAKLAND / SAC / SF

STUDENT ID

LAST NAME

FIRST NAME

M.I.

I CERTIFY THAT I HAVE AND WILL MAINTAIN IN FORCE MEDICAL INSURANCE WHICH IS EQUIVALENT OR BETTER THAN THE STUDENT GROUP PLAN(S) OFFERED TO ME AND HAVE PROVIDED THE NAME, PHONE NUMBER AND CONTACT PERSON IN THE EVENT OF AN ACCIDENT OR ILLNESS. MY CURRENT MEDICAL INSURANCE COVERAGE IS:

- PARENT EMPLOYER GROUP SPOUSE EMPLOYER GROUP MEDICAID
 MY EMPLOYER GROUP COBRA VETERANS BENEFITS

MEDICAL INSURANCE COMPANY NAME _____

POLICYHOLDER NAME _____

MEDICAL INSURANCE POLICY NO. _____ EFFECTIVE DATE _____

MEMBER SERVICES PHONE # _____

THE FOLLOWING DEPENDENT STATUS INFORMATION OBTAINED FROM THE INSURANCE COMPANY IS REQUIRED.

I HAVE VERIFIED THAT I AM COVERED UNTIL AGE _____ AND MY COVERAGE AS AN ELIGIBLE DEPENDENT TERMINATES ON:

_____ Month

_____ Day

_____ Year

MEDICAID NOTICE OF ACCEPTANCE DATE: _____

_____ Month

_____ Day

_____ Year

MEDICAID ANNUAL RE-CERTIFICATION MONTH: _____

I CERTIFY THAT I HAVE AND WILL MAINTAIN IN FORCE DENTAL INSURANCE WHICH IS EQUIVALENT OR BETTER THAN THE STUDENT GROUP PLAN(S) OFFERED TO ME AND HAVE PROVIDED THE NAME, PHONE NUMBER AND CONTACT PERSON IN THE EVENT OF AN ACCIDENT OR ILLNESS. MY CURRENT DENTAL INSURANCE COVERAGE IS:

- PARENT EMPLOYER GROUP SPOUSE EMPLOYER GROUP MEDICAID
 MY EMPLOYER GROUP COBRA VETERANS BENEFITS

DENTAL INSURANCE COMPANY NAME _____

POLICYHOLDER NAME _____

DENTAL INSURANCE POLICY NO. _____ EFFECTIVE DATE _____

MEMBER SERVICES PHONE # _____

THE FOLLOWING DEPENDENT STATUS INFORMATION OBTAINED FROM THE INSURANCE COMPANY IS REQUIRED.

I HAVE VERIFIED THAT I AM COVERED UNTIL AGE _____ AND MY COVERAGE AS AN ELIGIBLE DEPENDENT TERMINATES ON:

_____ Month

_____ Day

_____ Year

STUDENT SIGNATURE _____

DATE _____

AGENT/BENEFIT COORDINATOR _____

DATE _____

INSTRUCTION

All areas of the form must be completed with the requested information. A copy of each card, front and back must be included with the form.