

## CHOICE NOT TO ENROLL IN VCOM's HEALTH INSURANCE PROGRAM

### Personal Preference

Name \_\_\_\_\_

Class Year: \_\_\_\_\_

VCOM is offering student health insurance to all enrolled students at no additional cost to the student. I voluntarily plan to not enroll in VCOM's health insurance but will maintain insurance on my own at all times. I understand and agree to the following:

1. I am affixing my signature below to certify that I am eligible for and have confirmation that I have another insurance plan with an annual deductible of \$2,300 or less and 80% or greater payment by the insurance provider after the deductible.
2. I understand if I maintain VCOM's student health insurance policy and I maintain another health insurance policy, in most cases, these can work together to provide me with additional coverage than one policy alone. I understand that VCOM's policy covers 100% of eligible expenses after the deductible is met. I still request to not be enrolled in VCOM's health insurance plan.
3. I agree that I must complete this certification every six months (August 1/ February 1) and send it to the Registrar's Office and affix a copy of my current insurance card to certify that I have maintained health insurance since it is VCOM policy that all students be insured at all times within the above stipulated level. I recognize that a lack in coverage can result in suspension.
4. By turning down VCOM's insurance, I understand that I am not eligible to enroll in the VCOM plan until the next open enrollment period (July 1) unless I have a qualifying event. Therefore, I understand that if I do not maintain my current policy or if it does not meet the requirement in item # 1 above at any time, I must obtain another policy that does meet the requirements with no lapse in coverage.
5. By not enrolling in VCOM health insurance I am not eligible for any monetary reimbursements from the VCOM health insurance fund. I also understand that there is no adjustment to my financial aid.
6. I understand that if I wish to use the VCOM Student Health Clinic, I must still follow the same VCOM health plan requirements as all other students (example, all OMSI-III students must have a wellness physical and a structural exam, pay the appropriate co-pays, etc.)
7. I understand that it is my responsibility to learn the requirements and policies affecting my policy.
8. I understand that my tuition will not be affected by my choice to participate in or not participate in the VCOM health insurance program.

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Signature

\_\_\_\_\_  
Date