



Insurance Waiver FALL 2017

Oregon College of Art and Craft requires all students enrolled at least half-time (six credits or more) in a degree or certificate program to carry medical insurance. OCAC contracts with an independent insurance company to provide medical insurance for students who are not covered under another plan. OCAC encourages students to research their medical insurance options via an employer (as employee, dependent, or spouse) and via individual plans available directly from insurance companies and/or governmental agencies. Students with access to another insurance plan should carefully compare the features, premiums and benefits of that plan with those of the OCAC-sponsored student insurance plan prior to submitting an insurance waiver.

All students are automatically billed for the student insurance fee in the Fall and Spring semesters. Students who submit an insurance waiver with proof of coverage by the published deadline will be credited back for the student insurance fee. Please note this waiver only applies to FALL 2017, not the entire school year. A Spring 2018 waiver will need to be submitted if the student wishes to waive Spring 2018 coverage.

The 2017-2018 OCAC Student Health Insurance Plan is with CIGNA. Detailed plan information online at <https://www.ocac.edu/admissions/tuition-financial-aid> and is also available in the Business Office. The 2017-2018 health insurance fees and coverage periods are: **Fall - \$783** for August 28th to January 15th and **Spring - \$1,231*** for January 16th to August 26th. ***Please note, fees for the total year are \$2,014 and are divided per Semester. Spring cost is more than Fall because you are covered for more months.**

FA-17 Waiver Deadline: 09/08/2017

STUDENT MEDICAL INSURANCE WAIVER 2017-2018

Student Name (Last, First, Middle) Date of Birth

Local Address City State Zip

Name of Insurance Company or VA Medical Center Policy Number or VA ID Number

Policyholder Name & Address (if different than insured) City State Zip

I have read and understand the medical insurance policy offered by OCAC. I hereby waive all rights to compensation from the designated insurance company and/or OCAC for medical expenses incurred by me while this waiver is in force and do thereby accept all responsibility for my medical expenses. I certify that the above information is true and agree to notify the College of any change in said information.

Student Signature Date

Parent or Guardian Signature for students under 18 Date

Please return the completed waiver and a **photocopy of your insurance card** to the OCAC Business Office at the address below or email both documents to bursar@ocac.edu.