



OREGON COLLEGE OF
ART AND CRAFT

Business Office Insurance Waiver - Optional

Fall 2018

DUE AUGUST 1, 2018

Please note this waiver only applies to Fall 2018.

ALERT: STUDENTS ARE AUTOMATICALLY ENROLLED IN THE HEALTH PLAN OFFERED BY OCAC.

YOUR ACCOUNT HAS BEEN CHARGED \$886.11 FOR FALL TERM

INSURANCE FOR SPRING TERM WILL BE HIGHER AS IT INCLUDES THE SUMMER MONTHS

**IF YOU COMPLETE AND RETURN THIS WAIVER WITH PROOF OF INSURANCE
BY THE DEADLINE, THE CHARGE WILL BE REVERSED**

- OCAC offers an affordable and comprehensive health insurance plan through CHP Student Health for all students enrolled at least half time in a degree or certificate program.
- All students enrolled in at least six credits in a degree or certificate program **are required** to carry medical insurance.
- OCAC's student health insurance plan is an affordable option with extensive coverage. Students should carefully compare other insurance options with the OCAC plan to ensure they have the best coverage.
- 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 receive a credit for the student insurance fee.

The 2018-2019 health insurance fees and coverage periods are as follows:

The total insurance cost per year is \$2,182.22 and it is divided by semester.

Fall - \$886.11 from August 27th to January 21th

Spring - \$1,296.11* from January 22th to August 26th *

Detailed plan information online at <https://www.ocac.edu/admissions/tuition-financial-aid> and is also available in the Business Office.

***Please note, the Spring term cost is more than Fall term since coverage includes the summer months.**

STUDENT MEDICAL INSURANCE WAIVER FALL 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 included a copy of my insurance card with this form

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 to the OCAC Business Office at the address below.