

**CALVIN UNIVERSITY STUDENT HEALTH INSURANCE PLAN (SHIP)  
HARD WAIVER POLICY/FORM and ENROLLMENT FORM**

*(Complete one)*

**What is the Hard Waiver Policy?**

Calvin University requires all full-time students to enroll in the Student Health Insurance Plan (SHIP) OR request a waiver.

**Waiver requests are only accepted during the open enrollment period.**

**Open Enrollment**

Activate your student health insurance OR request a waiver during the open enrollment period.

**\*Note -- the student health plan becomes active on August 15<sup>th</sup> or January 1<sup>st</sup> depending on which semester the student is enrolling at Calvin. This happens automatically if a request to waive the student health insurance plan was not requested during the open enrollment period.**

For Fall Semester: **Open Enrollment Period is July 1<sup>st</sup> through July 31<sup>st</sup>**

For Spring Semester: **Open Enrollment Period is November 1<sup>st</sup> through December 1<sup>st</sup>**

**Domestic students:** Domestic students may request a waiver if they can provide proof of ACA compliant insurance (see below for criteria). Most domestic students are under their parent's/guardian's insurance plan until the age of 26. In general, these employer funded plans meet this requirement. Government funded plans such as Medicaid or Medicare from outside of the state of Michigan are only accepted if the Medicaid/Medicare plan covers emergencies in the state of Michigan.

Any domestic student may request a waiver if:

- a) The student provides proof of active health insurance provided by their United States based employer (for students employed in the US while attending Calvin)
- b) The student provides proof of active insurance under parent's/guardian's employer plan (up to age 26, with proof of dependent coverage)
- c) Marketplace plans through the state or federal exchange
- d) Depending on your state, you may qualify for Medicaid. Go to <https://www.healthcare.gov/.gov> to determine if you may be eligible. Waiver requests must be submitted with proof of activation of the Medicaid Plan, or Calvin's Student Health Insurance Plan (SHIP) will be activated.

**International students:** International students who have full financial sponsorship by a government agency including health insurance must submit a copy of their financial guarantee to [health@calvin.edu](mailto:health@calvin.edu). A financial guarantee that covers the current academic year must be on file before a waiver can be requested. Waivers are applied annually.

What are the criteria to be eligible to request a waiver? Any international student may request a waiver if:

- a) The student provides proof of full sponsorship by a government agency including health insurance, or
- b) The student provides proof of active health insurance provided by their United States employer (only applies to students employed fulltime in the USA, while attending Calvin)
- c) The student provides proof of active insurance under parent's/guardian's United States employer (up to age 26, with proof of dependent coverage)

All other international students are **required** to enroll in Calvin's Student Health Insurance Plan (SHIP). Any individual insurance purchased by international students will not be considered for waiver requests and will be considered secondary insurance to the student health plan. For assistance contact Calvin Health Services at 616-526-6187 or email [health@calvin.edu](mailto:health@calvin.edu)

#### **What information is needed to complete a waiver request?**

**Prior to beginning a waiver request, the student should review all the criteria and must meet one or more of the above criteria. To initiate the waiver request the student must:**

- 1. Have their health insurance card**
- 2. Have a copy of the health insurance plan description or brochure**
- 3. Know their Calvin University Student ID number**
- 4. Submit a waiver request during the open enrollment period.**

***International students who have applied for waivers in previous semesters will need to apply again.***

#### **When will students be billed for the cost of Calvin's Student Health Insurance Plan (SHIP)?**

The Student Health Insurance Plan (SHIP) premium will be assessed on your Calvin University student account in early August. Refunds are only permitted within 30 days of activation and once the plan is activated, it cannot be refunded. To avoid any fees or a registration hold, turn in waiver request or enrollment form prior to the OPEN ENROLLMENT PERIOD deadline. For those enrolling later than usual, the premium will be assessed to your account 7-10 days after you have met with your academic advisor and have enrolled in your courses.

Insurance Waiver Request

Process to request a waiver from the Student Health Insurance Plan:

- 1. Read all the requirements to request a waiver before completing this form.
2. Complete this form.
3. Send this form to health@calvin.edu on or before the deadline along with the following items:
a. Photocopy of the front and back of the active health insurance card
b. The health insurance plan description or brochure
c. Include the student's full name and the Calvin University student ID number in that email.

Name of student: \_\_\_\_\_

CHECK one and fill in the blank lines (please print clearly):

[ ] Name of the United States Employer providing insurance for the student as an employee or a dependent of an employee: \_\_\_\_\_
Name of Insurance Company: \_\_\_\_\_

OR

[ ] Name the state/federal program (Michigan Medicaid/Medicare, etc.): \_\_\_\_\_

Fill in the remainder of this form (please print clearly):

Group #: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder/Guarantor (parent/guardian who carries the family insurance plan through their employer OR parent/guardian/individual who carries the state or federal insurance plan):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Permanent Address:
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Holder/Guarantor's phone #: \_\_\_\_\_

## Calvin University Student Health Insurance Plan (SHIP) Enrollment Form

Please indicate the coverage period for enrollment:

**ANNUAL Calvin United HealthCare Student Plan**

Period of Coverage: 8/15/2024 – 8/14/2025

Cost: \$2100

**FALL Calvin United HealthCare Student Plan\***

Period of Coverage: 8/15/2024 – 12/31/2024

Cost: \$883

*\*Enrollment for Fall semester only is available to students graduating in December 2024.*

**SPRING/SUMMER Calvin United HealthCare Student Plan**

Period of Coverage: 1/1/2025 – 8/14/2025

Cost: \$1351

*\*Enrollment for spring/summer semester is available to students beginning Calvin in January 2025.*

*(Please Print Clearly)*

\_\_\_\_\_  
 Student Name (last, first, middle initial)

\_\_\_\_\_  
 Calvin ID

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Birth (month/date/year)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Country

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Cell Number

\_\_\_\_\_  
 Email address

**Note to Student:** By signing below, you acknowledge the following: 1) You have read the plan brochure and understand your coverage benefits; 2) Rates are not pro-rated beyond what is listed above; 3) You meet the eligibility requirements for this coverage (registered for a minimum of 6 credits in person learning); 4) **Once enrolled, any request to cancel this plan must occur within 30 days of enrollment and cancellation is not guaranteed (plan cannot be cancelled if the insurance plan has been used;** & 5) Other than entry into the armed forces or withdrawal from the university within the first 30 days of classes, the premium is not refundable.

\_\_\_\_\_  
 Signature of Enrollee

\_\_\_\_\_  
 Date

The student health plan premium will be charged to your Workday account by Financial Services.  
 Plan details can be found online at [www.uhcsr.com](http://www.uhcsr.com) or at <https://calvin.edu/health-services>