

TYPE OF WAIVER REQUESTED: (CHECK ONE)

_____ **COVERED UNDER A PARENT'S POLICY**

You must submit a letter from your Health Insurance Company verifying when your coverage began and when your coverage will terminate, i.e., when you turn age 23 or 25.

_____ **COVERED UNDER A SPOUSE OR DOMESTIC PARTNER'S POLICY**

You must submit a letter from your Health Insurance Company verifying when your coverage began and that you are still covered to date.

_____ **COMPARABLE COVERAGE WAIVER.** Pursuant to the terms of the Vermont Law School Mandatory Health Coverage Policy I am requesting a waiver, which allows me to keep my existing personal health insurance policy because I believe it is comparable to those plans offered through Vermont Law School. ***I understand that I must provide adequate information (Plan Summary) to the Vermont Law School designated insurance consultant who will compare my plan with the plan offered by Vermont Law School that most closely matches my plan. The consultant will make his comparison available to me and to Vermont Law School. I will enclose a letter from the Health Insurance Company stating when the insurance coverage began and that I am still covered to date.***

Please complete the following:

Student Name _____ Year _____

Address _____ Tel. # _____

City, State, Zip _____

Date of Birth _____ SSN# _____

Insurance Company Name _____ Policy # _____

Insurance Company Telephone Number _____

By completing this form I acknowledge and understand that I have been offered the opportunity to enroll in one of the health insurance plans offered through Vermont Law School, and that I forfeit this right. Further, I understand that this waiver needs to be renewed each year (via a letter from my current provider stating that I am still covered under this parent, spouse, or comparable plan while enrolled at Vermont Law School). If this current coverage has expired, I will need to enroll in one of the plans offered by Vermont Law School or apply for another comparable coverage waiver for a different policy. Enrollment season for each coverage year is during the month of August. At this time each year, I have the right to enroll in one of the health insurance plans while I am still enrolled in Vermont Law School, unless I have been forced off a parent's or spouse's plan at another time of year and need coverage to be in compliance with the mandatory health insurance policy.

Signature

Date

Attach appropriate proof of insurance (letter) and a copy of your plan summary to this form and send to: Clarke Collins/Benefits, Vermont Law School, PO Box 96, South Royalton VT 05068. You could fax if you would like: 1-802-831-1212