

**Student Health Insurance Waiver Request Form**

Vermont Law School requires all full-time students to have health insurance. Full-time is defined as students taking five or more credits in any given term. Students can request an exemption from purchasing one of the plans provided by VLS if they are already covered under a plan that **meets the minimum essential coverage requirements as defined by the IRS.**

I, \_\_\_\_\_ do **NOT** wish to participate in the VLS plans and have an alternative form of health insurance either through my parents, spouse/domestic partner, or a personal plan that qualifies as a minimum essential coverage plan.

**Insurance Policy and Subscriber Information**

Insurance Company: \_\_\_\_\_ Policy/Subscriber Number: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Relationship of Subscriber to Student: \_\_\_\_\_

**Note: If your health insurance plan does not qualify as a minimum essential coverage plan then it cannot be used for an exemption from the VLS plans.**

*Minimum essential coverage includes the following types of health insurance: Examples from <https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage>*

- Employer-sponsored coverage (including COBRA coverage and retiree coverage)
- Coverage purchased in the healthcare marketplace, including a qualified health plan offered by the Health Insurance Marketplace (also known as an Affordable Insurance Exchange)
- Medicare Part A coverage and Medicare Advantage plans
- Most Medicaid coverage
- Children's Health Insurance Program (CHIP) coverage
- Certain types of veterans health coverage administered by the Veterans Administration
- TRICARE
- Coverage provided to Peace Corps volunteers
- Coverage under the Non-appropriated Fund Health Benefit Program
- Refugee Medical Assistance supported by the Administration for Children and Families
- Self-funded health coverage offered to students by universities for plan or policy years that begin on or before Dec. 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
- State high risk pools for plan or policy years that begin on or before Dec. 31, 2014 (for later plan or policy years, sponsors of these program may apply to HHS to be recognized as minimum essential coverage)

**Certification of Accuracy** - Please read the following carefully:

I certify that the above information is correct and this request waives the health insurance as provided by Vermont Law School for September 1 through August 31. I understand that if I furnish false information to VLS officials that it is a violation of VLS regulations and I may be subject to disciplinary sanctions. I understand that should my coverage listed above terminate, I need to enroll in one of the VLS Student Health Insurance plans within **30** days or obtain coverage elsewhere. I understand that I must submit this form prior to the start of **each** academic year that I am enrolled at Vermont Law School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to Lori Campbell in Human Resources (Anderson House) Vermont Law School, PO Box 96, South Royalton, VT 05068. Questions – [lcampbell@vermontlaw.edu](mailto:lcampbell@vermontlaw.edu)/(802) 831-1236