

SPECIAL CIRCUMSTANCE WAIVER FOR POLICY YEAR 2023-2024

The University at Buffalo is committed to ensuring equal access to information. As part of this commitment, university content must be accessible to everyone, including individuals with physical, sensory, or cognitive impairments, with or without the use of assistive technology. If you encounter an accessibility issue when completing this form, please contact the Student Health Insurance office.

PLEASE SUBMIT TO: STUDENT@HAYLOR.COM

UB REQUIRES THAT ALL DOMESTIC UNDERGRADUATES AT 12+ CREDIT HOURS AND ALL DOMESTIC GRADUATE/PROFESSIONAL STUDENTS AT 9+ CREDIT HOURS CARRY HEALTH INSURANCE. THE UB STUDENT HEALTH INSURANCE PROGRAM IS MANDATORY FOR STUDENTS AT THE ABOVE CREDIT HOUR THRESHOLDS AND IS ASSESSED AS A MANDATORY FEE TO THE STUDENT'S UB ACCOUNT AND BILLED ON THE TUITION STATEMENT. ANNUAL QUALIFIED WAIVER OF THIS MANDATORY FEE AND COVERAGE IS AVAILABLE TO THOSE STUDENTS THAT CARRY PRIVATE HEALTH INSURANCE COVERAGE THAT BOTH MEETS THE REQUIREMENTS FOR ATTENDANCE AND IS IN FULL EFFECT BY THE FIRST DAY OF CLASSES FOR THE SEMESTER DURING WHICH WAIVER IS REQUESTED. THOUGH THE STANDARD WAIVER PROCESS IS AVAILABLE ONLINE, ADMINISTRATION DOES REALIZE THAT CERTAIN CIRCUMSTANCES CANNOT BE ADMINISTERED BY THE AUTOMATED ONLINE SYSTEM. BY COMPLETING THIS FORM, YOU ARE REQUESTING THAT THE UB STUDENT HEALTH INSURANCE OFFICE REVIEW YOUR CIRCUMSTANCES TO DETERMINE IF AN EXCEPTION TO UB POLICY AND PROCEDURE AS PER ASSESSMENT AND WAIVER OF THE HEALTH INSURANCE REQUIREMENT CAN BE GRANTED BASED ON ALL INFORMATION CURRENTLY AVAILABLE.

STUDENT INFORMATION

LAST Name_____
FIRST NAME_____
MI_____
UB PERSON NUMBER_____
UB EMAIL ADDRESS_____
SCHOOL OR ACADEMIC DEPARTMENTCHECK STATUS: UNDERGRADUATE GRADUATE PROFESSIONAL

NATURE OF PETITION

PLEASE CHECK THE REASON FOR YOUR WAIVER PETITION: *ONE YEAR WAIVER.

 CREDIT HOUR REDUCTION ON-LINE ONLY**PART-TIME: I CERTIFY THAT I AM BELOW THE CREDIT HOUR THRESHOLD OF 9 FOR GRADUATES OR 12 FOR UNDERGRADUATE. _____****ON-LINE ONLY: I CERTIFY THAT I AM STUDYING REMOTELY WITH NO CAMPUS CONTACT. _____**

STUDENT ATTESTATION

I UNDERSTAND THAT THE UB STUDENT HEALTH INSURANCE PREMIUM IS A MANDATORY FEE AND STIPULATION OF MY VOLUNTARY ATTENDANCE AT UB AT THE ABOVE PRESCRIBED CREDIT HOUR THRESHOLDS. THE PROGRAM IS STRUCTURED AS A ONE-YEAR TERM POLICY, PAID IN FULL. WAIVERS MUST BE RENEWED EACH ACADEMIC POLICY YEAR THAT I CARRY THE REQUIRED NUMBER OF CREDIT HOURS TO QUALIFY FOR MANDATORY ASSESSMENT. FURTHERMORE, I REALIZE THAT IF GRANTED WAIVER OF THE UB STUDENT HEALTH INSURANCE PROGRAM, I AM NO LONGER ELIGIBLE FOR THE BENEFITS OF THE PROGRAM EITHER ON CAMPUS OR IN THE COMMUNITY DURING THE PERIOD OF WAIVER. IF I HAVE USED THE INSURANCE FOR PAYMENT OF MEDICAL EXPENSES, I AM NOT ELIGIBLE FOR FULL WAIVER DURING THE POLICY YEAR OF USAGE. IF MY APPLICATION FOR WAIVER WAS RECEIVED AFTER THE RELEVANT WAIVER DEADLINES, WAIVER MAY NOT BE POSSIBLE. I AGREE TO PROVIDE ALL DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY AND VALIDITY OF SPECIAL CIRCUMSTANCE WAIVER AS REQUESTED BY THE UB STUDENT HEALTH INSURANCE OFFICE.

STUDENT SIGNATURE_____/_____/_____
DATE: MONTH / DAY / YEAR

Student Health Insurance

1 Capen, Buffalo, New York 14260

716.645.3044

askshi@buffalo.edubuffalo.edu/studentlife/insurance