



## Student Health Plan Waiver

All full time undergraduate and graduate students of Alabama A&M University are required to carry medical insurance. Alabama A&M University offers a supplemental Student Health Plan (SHP) to all students in order to receive medical and counseling services from The John and Ella Byrd McCain Student Health Center and other providers.

However, if you already have primary insurance and choose not to be covered by the SHP, you have the opportunity to opt out. Each academic semester, students are afforded the chance to sign a waiver, confirming their exemption from the SHP. Unless you opt out of the SHP as administered by Consolidated Health Plans you will be automatically enrolled and the yearly premium will be reflected on your University financial statement.

By signing this form, you agree to waive your enrollment in the SHP and understand any services received in the health center will be billed to your private insurance on file. Students who choose to sign this waiver also understand that the services received from the Student health center are to the discretion of the provider on duty and can be limited to:

- Counseling Services
- Triage of medical services\*
- Annual Physicals\*
- Referrals to a local Outpatient Clinic or Emergency Room
- TB Skin Testing\*
- STI/Pregnancy Testing\*
- Drug Screens\*

Student Name: _____	A # _____
DOB: _____	Phone: (_____) _____ - _____
Local Address: _____	City/State: _____
Primary Insurance Carrier _____	
Policy #: _____	Group #: _____

**Please submit completed form and a copy of the front and back of the insurance card to [studenthealth@aamu.edu](mailto:studenthealth@aamu.edu).**

Upon signing the form, I confirm having comparable coverage under a current insurance policy and if there are any changes in coverage or expiration of coverage, I agree to notify Student Health & Counseling Services to update insurance information on file. A copy of my insurance card will be provided and placed in medical file.

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

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

HCS Staff Use Only:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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\*Services that students are typically financially responsible for and are not filed to insurance