

**Oakwood University Student
Insurance Enrollment/Waiver**

Office: 256-726-7840 Fax: 256-726-7471 Email: ouhs@oakwood.edu

Complete this form **each** academic school year to enroll in the Oakwood Student Insurance Plan, or to request a waiver.

Student Information

Student Name: _____ Student ID: _____

Date of Birth: _____ Gender: M / F

Email Address: _____

(Your current email address is needed to confirm receipt of the insurance enrollment/waiver form.)

Check one of the following boxes:

Enroll in the Oakwood Student Insurance Plan

(For student health insurance benefits information, go online to www.uhcsr.com/oakwood.)

OR

Waive Oakwood Student Insurance Plan:

*Students may decline the Oakwood Student Insurance Plan by providing proof of private insurance. Private insurance policies **MUST** provide coverage in Huntsville, AL for all of the following: office visits, lab work, ER visits, and hospitalization. **Labs are sent to Huntsville Hospital unless otherwise indicated by student (or parents).** Out-of-state Medicaid insurance and other State based insurances **cannot** be used to waive the Oakwood University Student Insurance. **Students (or parents) are responsible for verifying their insurance plan coverage.***

Yes, I understand I must submit a copy of my insurance card (front & back) to Heath Services by the final date of financial clearance to avoid being charged the insurance fee for the semester.

Health Insurance Information

Insurance Company Name: _____ Primary Policy Holder's Name: _____

Primary Policy Holder's DOB: _____ Primary Policy Holder (circle): Self Mother Father Guardian Spouse

Group Number: _____ Policy Number: _____ Telephone: _____

By completing this form, I also authorize Oakwood University Health and Counseling Services to share medical and/or other related information, as needed, for the purpose of securing payment. I understand that I am financially responsible for payment of medical services not covered by my plan, or paid by any other insurance plan.

I attest that this information is valid and accurate. I understand that willful falsification of information is a violation of the university's Student Code of Conduct, and I understand that all of the information on this page is subject to verification.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(Required if student is under 19)