



Student Insurance Waiver

Alternative coverage must be approved by the OGI Graduate Education Director prior to waiving OGI’s student insurance plan. A waiver must be completed within the first 14 calendar days of the term. Proof of enrollment in an approved alternative coverage must accompany this form.

Please fill in the blanks:

I, _____, decline enrollment in OGI’s Kaiser Permanente Health Insurance for myself. I have medical insurance with _____ (insurance company), policy no. _____. The expiration date for this coverage, if any, is _____.

I realize that by waiving coverage I will not be able to enroll in OGI’s student insurance plan through Kaiser except during open enrollment each July 1, unless I meet the requirement for special enrollment.

I agree to remain enrolled and in good standing in the above insurance as long as I am a full-time student at OGI. If I loose the above coverage for any reason I will notify the OGI Graduate Education office immediately and will be required to show proof of other acceptable coverage or enroll in OGI’s Kaiser plan at my expense.

I will renew this waiver when the above coverage expires and each year by July 1.

Signature _____ Date _____

Return the completed waiver form, along with proof of enrollment in the approved alternative plan, to:

*OGI Graduate Education office, Paul Clayton Building
phone: 503-748-1382 fax: 503-748-1285 email: grad_ed@admin.ogi.edu*

Office use:
Approval: _____ Date: _____
Coverage waived: _____