

Farmingdale State College

Dear Students and Parents:

We at Farmingdale State College are concerned that many of our students may be uninsured, or do not have adequate health insurance. When serious injury or illness requires attention by a medical provider or hospital, the expenses can create a financial burden that no student should have to worry about.

Farmingdale State College is pleased to offer all students a comprehensive form of accident and sickness insurance. Students are encouraged to consider enrollment in this insurance program if you do not have other health insurance or if your current health insurance is with an HMO or a restricted PPO.

Coverage begins August 16, 2017 through August 15, 2018. Resident students will see this charge for insurance reflected on their tuition statement. This charge can be removed from your student account statement by returning the waiver form to Health & Wellness Center no later than September 13, 2017.

Consider the following in making your decision:

*Your current insurance may not cover the types of expenses most frequently incurred by college age individuals such as outpatient referrals, or may cover them after a deductible or copayment; this plan helps cover those expenses.

"If your coverage is through an HMO or PPO out of the Farmingdale area, services locally may be limited or may be charged at a higher, non-preferred rate.

Waiver Form

FARMINGDALE STATE COLLEGE - STUDENT ACCIDENT AND SICKNESS INSURANCE 2017-2018

In order to remove the Student Accident and Sickness Insurance premium charge from your tuition bill, students must demonstrate that they are covered under another insurance policy. Complete this Waiver Form and return it to Health & Wellness Center, Farmingdale State College, Farmingdale, NY 11735, no later than September 13, 2017.

Student's Name : _____ RAM # : _____
(Please Print) (Last) (First) (MI)
Address: _____
(Street) (City) (State) (Zip Code)

Other Insurance Information
NAME OF THE INSURANCE COMPANY _____

Policy Number _____ Name of Policyholder _____ Relationship to the Insured _____

If parent, to what age are dependent children covered? _____ Student's Date of Birth _____

I certify that I am currently insured under the above insurance policy _____ and will continue to be insured throughout the 2017-2018 school year. I understand that if I waive the coverage under the Farmingdale State College policy I will be responsible for my medical expenses and neither the University nor its student health program will be responsible. I warrant that the information I provide in this waiver is true and accurate. If it is later determined that I have provided inaccurate information, or have lost my coverage with my existing insurance company, my waiver may be voided and charges for the student insurance plan may be returned to my student account billing statement. I acknowledge it to be my responsibility to notify the Student Health and Wellness Center at Farmingdale State College in the event I lose my existing coverage and require new coverage.

Signature of Student _____ Date _____

Signature of Policyholder _____