

# StudentBlue

## Insurance Election Change Request Form

**Change request must be received by 5:00 PM on the insurance decision deadline date**

### Section 1 – Student Information

Full Name: .....  
Date of Birth: ..... Student ID: .....  
Phone #: ..... Email: .....

### Section 2 – Original Transaction

Confirmation #: ..... Submitted: .....

Select one:

- ☐ I initially elected to waive but now want to enroll. Please cancel my original waiver transaction.
- ☐ I initially elected to enroll but now want to waive. Please cancel my original enrollment transaction. My waiver information is as follows in Section 3.

### Section 3 – Waiver Information (if electing to enroll, skip this section)

Name of Insurer: ..... Insurer Phone #: .....

Policyholder Name: ..... Policy #: .....

Relation to policyholder (circle one):      Self    |    Dependent Spouse    |    Dependent Child

I attest that my alternative coverage provides similar coverage to the university-sponsored plan and:

- + Has a lifetime maximum benefit of at least \$1,000,000. Plans with per incident, per illness or maximums that are less than the lifetime maximum are not acceptable.
- + Provides access to health care providers in the Winston-Salem, NC area for emergency and non-emergency conditions including mental health care. If you have an HMO and Winston-Salem, NC is out-of-network, your coverage does not meet university criteria. If your HMO offers guest privileges, you must contact your insurer to receive guest privileges and do so prior to waiving coverage.
- + Provides prescription drug benefits.
- + Will remain in effect for the 2012-2013 academic year.

### Section 4 - Certification

I hereby request the cancellation of the transaction described above in Section 2 and I understand that I must submit the completed form prior to the plan deadline.

Signature: ..... Date: .....

Send completed form to:      Email: [burchac@wfu.edu](mailto:burchac@wfu.edu)  
Fax: 336-758-4227  
Mail: PO Box 7312, Winston-Salem, NC 27109