



HEALTH INSURANCE POLICY FOR ACADEMIC YEAR 2008-2009

The University of Southern Nevada policy requires that all students maintain a health insurance plan during their entire enrollment at the University. In addition, in order to participate in clinical rotations students must have Health Insurance and that coverage is continuous from the date of enrollment through the date of graduation. If your health insurance status changes during the academic year, you are required to contact the Registrar/Student Services Office at 702-968-2029 or registrar@usn.edu for more information on obtaining insurance through the health insurance policy.

REQUIREMENTS FOR WAIVER OF HEALTH INSURANCE POLICY

If you currently have health insurance coverage:

- Complete the top-half of the attached Application for Waiver (page 2) form AND
- Provide a copy of your Summary of Benefits (lists coverages and percentages and can be 2-25 pages in length) AND
- Have your insurance carrier complete the bottom-half of page 2 or submit a letter confirming your coverage AND
- Attach copies of both sides of your insurance card

The Application for Waiver form along with the above listed documents is due to the Registrar/Student Services Office no later than:

<u>Program</u>	<u>Class of</u>	<u>Deadline for Application of Waiver Form</u>
MBA	Weekend/Weekday	Friday, June 13, 2008
Nursing	2009	Friday, June 13, 2008
	2010	Friday, June 13, 2008
Pharmacy	2009	Friday, April 25, 2008
	2010 and 2011	Friday, June 13, 2008
Late Admits		prior to 1 st day of class

Failure to submit this form by the indicated deadline means you will be charged for the health insurance policy.

You will be notified in the event the information you provided was not sufficient to provide verification of current health insurance coverage and additional documentation or information may be required. If you cannot provide adequate information to verify current health insurance coverage three (3) weeks prior to the start of classes (exception is late admits), your waiver will be denied and you will be required to enroll in the health insurance policy and the premium payment will be billed directly to your University account. **Please refer to your Registration and Payment Agreement to confirm the premium amount. Be aware that dependent cost is extra.**

********Please retain this page for your records********

Page 2 is to be completed and submitted to Student Services Office if waiving

Page 3 is your copy to keep if you are adding dependents to the health insurance policy as well as general insurance information

APPLICATION FOR WAIVER

This is to be completed if you ARE NOT accepting the Renaissance, Inc Insurance.
(Please print clearly. If your form is illegible or incomplete it will delay processing.)

*****TO BE COMPLETED BY THE STUDENT*****

Student Name: _____ SS#-Required: _____

Address: _____ City, State Zip: _____

Date of Birth (MM/DD/YYYY): _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Program of Study and Graduation Year: Nursing _____ MBA _____ Pharmacy _____ Email: _____

Name of Current Insurance Carrier: _____ Policy Number: _____

Policy Holder Name: _____ Relationship of Policy Holder to Student: _____
(Please sign the form below as indicated)

Insurance Carrier Phone: (_____) _____ Insurance Carrier Fax: (_____) _____

I certify that I am currently participating in the above health insurance policy and will continue to participate throughout the 2008-2009 academic year. I am including/will submit with this completed form (or a letter from my insurance carrier) a summary of benefits, and copies of my current insurance card which confirms my coverage for the stated academic year. **If my card does not show the coverage dates, it is my responsibility to have my carrier fax the information listed below (either directly on this form or via a separate letter) to the Registrar/Student Services Office by the indicated deadline.** I further authorize the University of Southern Nevada and its designees to contact my insurance carrier to obtain any additional information.

I understand that by my submitting this waiver request, I am adhering to the University of Southern Nevada's policy which requires all students to have health insurance coverage. If, during the year I fail to meet the health insurance policy requirement, I may be suspended from the University or be required to obtain Renaissance, Inc.'s Student Health Insurance plan.

Student Signature: _____ Date: _____

Signature of Policy Holder if different from above: _____

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***** ↓ TO BE COMPLETED BY THE INSURANCE CARRIER OR REPRESENTATIVE ↓ *****

Please complete and fax to: 702-968-1643 Attention to: Registrar/Student Services Office by the indicated program deadline or a confirmation letter on company letterhead will suffice.

I certify that _____ is currently covered under the following health insurance plan:

Name of Insurance Carrier: _____ Policy #: _____

Dates of Coverage: _____ to _____ Policy Holder's Name: _____

Insurance Representative (Please Print): _____ Date: _____

Insurance Representative Signature: _____ Title: _____

Insurance Representative Contact Phone #: _____

INSTRUCTIONS FOR ADDING DEPENDENTS TO THE HEALTH INSURANCE POLICY

The following steps must be followed in order for you to ADD your dependent to your Renaissance, Inc. insurance health policy.

1. Go to the Renaissance, Inc. website page at www.renstudent.com/usn
2. Select the appropriate 2008-2009 academic year
3. Click on the here link as indicated below.

Attention Students!

Click [here](#) to enroll eligible dependents using our secure environment.

4. Be aware: Dependent cost is charged to your credit card immediately upon enrollment. The effective date of coverage will be the first day of class for your program.

The 2007-08 Student Injury and Sickness Insurance Plan brochure may be accessed by the website address listed above. The online 2008-09 brochure will be available on April 1, 2008. The costs are:

Spouse - \$1,855.00

Each Child - \$1,210.00

Insurance/prescription cards are available by going to www.renstudent.com/usn. The card serves two purposes for doctor and pharmacy visits.

Claims questions must be directed to Personal Insurance Administration by the student. Have your membership information (located on your ID card) and social security number ready. Claim forms may also be accessed by the website address listed below.

General Insurance Questions:

Renaissance Inc.
Ph: 1-800-537-1777 or 310-394-0440 Fax: 310-394-0142
www.renstudent.com

Claims Questions:

Personal Insurance Administrators (PIA)
Make sure you keep copies of all claim paperwork submitted.
Ph: 1-800-468-4343 (Students must contact PIA directly for claims)
www.piaclaims.com