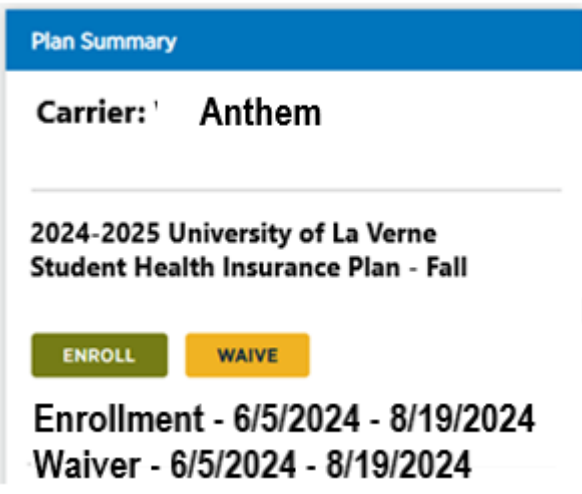
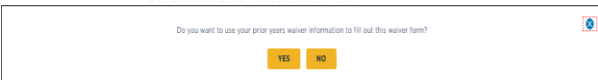




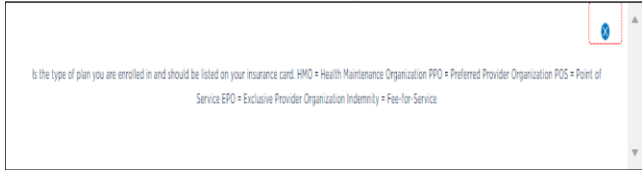
How to Submit a Waiver Form

<p>How do I waive health insurance coverage?</p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/Laverne. 2. Follow the login Instructions. 3. Click on the “WAIVE” button under ‘Plan Summary’ for the coverage period that you are waiving. 	
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<p>4. If you have previously waived, you will be asked if you would like to use the prior waiver information.</p>	
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<p>5. Please carefully read the Important Considerations and click the checkbox to acknowledge.</p>	<p>Step 1: Important Considerations</p> <ul style="list-style-type: none"> • In waiving the student health insurance plan, I confirm that I am currently enrolled in health insurance that meets my school's waiver requirements which include the following criteria: <ul style="list-style-type: none"> • Fully compliant with all aspects of the Affordable Care Act; • Underwritten and administered in the United States; • Access to local doctors, specialists, hospitals and other healthcare providers near campus; • Provides coverage for urgent and non-urgent care including: <ul style="list-style-type: none"> i. Preventative and routine benefits; ii. In-patient and out-patient surgery and hospitalization; iii. Lab work, diagnostic x-rays, physical therapy, chiropractic care, emergency room treatment, ambulance services and prescriptions; iv. In-patient and out-patient mental health, substance abuse and counseling services; • If I am enrolled in an HMO or Medicaid plan and my school is outside of the plan's service area, my waiver will be denied. • I understand that I am waiving for this policy year only and I will need to waive coverage every year that I meet my school's insurance eligibility requirements. • My health insurance covers me throughout the entire policy year. • I acknowledge that by waiving the student health insurance plan that I will be responsible for any medical expenses I incur. <p><input type="checkbox"/> By checking this box, I acknowledge that the information provided on this form is true and accurate. As the student, I am responsible for the information provided on this form. If I am not the student, I have been authorized by the student to complete and submit this form on the student's behalf.</p>
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NOTE: You will see an information icon , next to most information boxes, it will provide you with additional information. For example, this is the result of clicking on the  for **Type of Plan**.




is the type of plan you are enrolled in and should be listed on your insurance card. HMO = Health Maintenance Organization PPO = Preferred Provider Organization POS = Point of Service EPO = Exclusive Provider Organization Indemnity = Fee-for-Service

6. If someone other than the student is completing the form, please complete this section. In addition to the student's email, email notification will also be sent to the alternate email address.

Name of person completing the application

Full Name 

Alternate Email Address

Enter an Alternate Email Address 

CONTINUE

7. You will need your health insurance information.
8. Follow the instructions to complete the form.
9. If you are under your parent’s plan, please select “No” to “Are you the subscriber?”

Step 2: Insurance Company Information

You will need to know the basics about your current insurance, which can be found on your insurance ID card.

Insurance Company Information

Choose Your Insurance Company*

US-based Insurance Company?*

- Yes
 No

Country*

Insurance ID*

Type of Plan*

Insurance Company Address*

City*

State* (optional)

Zip Code*

(optional)

Insurance Company Phone Number*

Subscriber Information

Are you the subscriber?*

- Yes
 No

10. Complete the Subscriber Information.

Subscriber Information

Are you the subscriber?*

Yes

No



Subscriber First Name*

Enter the Subscriber First Name

Subscriber Last Name*

Enter the Subscriber Last Name

Subscriber ID*

Enter your Subscriber ID



Subscriber Date of Birth*

mm/dd/yyyy



Subscriber Gender*

Select an Option

Relationship to Student*

Select an Option

CONTINUE

11. Please review the information entered for accuracy.

12. You can either :-

- Click on **“COMPLETE & SUBMIT”**.
Or,
- Click on **“SAVE AS DRAFT”** if needing to return to complete the form.

13. If you completed and submitted, a reference number will be emailed upon submission, however final determination may take 24-48 hours.

Supporting documentation does not need to be uploaded when submitting a waiver.

I understand a waiver form must be submitted each academic year I am enrolled in school and my current health insurance plan will cover me for this period of time.

COMPLETE & SUBMIT

SAVE AS DRAFT

BACK TO DASHBOARD

IMPORTANT NOTE: If you do not **“COMPLETE & SUBMIT”** or **“SAVE AS DRAFT”**, your information will be lost.

