USE OF THE UNIVERSITY HEALTH AND COUNSELING SERVICES WHILE ON CO-OP 2017/2018
For the period of coverage 1/16/18 to 7/31/18

Please note while on Co-Op assignment your tuition account is not automatically charged the Medical Plan fee. Please complete this form to join or decline enrollment in the Student Medical Plan.

_____ Yes, I would like to be enrolled in the Student Medical Plan while on Co-Op assignment. I understand the fee of $1045.00 will be placed on my tuition account.

_____ I would like to decline participation in the Student Medical Plan while on Co-Op assignment because I already have health insurance coverage. I am currently insured with the following company _________________________________________________________.

My coverage meets the following waiver criteria listed below ____________ (initial here)

1. Insurance coverage is provided by a company licensed to do business in the United States, with a US claims payment office and telephone number.
2. Coverage is currently active and the student agrees to maintain health coverage throughout the entire policy year.
3. Offers unlimited coverage per accident or illness.
4. Offers inpatient and outpatient medical care in Northeast Ohio or where enrolled in CWRU classes. Emergency-only coverage does not satisfy this requirement.
5. Covers inpatient and outpatient mental health and alcohol abuse care within Northeast Ohio or where enrolled in CWRU classes. Emergency-only coverage does not satisfy this requirement.
6. Prescription medication is covered.
7. Does not contain any clause that limits coverage on pre-existing conditions.
8. International students coverage must provide emergency medical evacuation coverage in the amount of at least $50,000 (medical evacuation is emergency transportation to the nearest, most qualified treatment facility).
9. International students coverage must provides at least $25,000 coverage for Repatriation (repatriation provides transportation to the student's home country in the event of death).

While on Co-Op assignment the use of the University Health and Counseling Services is not automatically available.

_____ Yes, I would like to purchase the use of University Health and Counseling Services. I understand I must by $240.50 for these services. Payment can be made in the form of cash, check (payable to CWRU) or credit card.

_____ I would like to decline this option.

Student’s Name: ___________________________________________________________

Student ID number: ___________________________________________ Date: ________________

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE UNIVERSITY HEALTH SERVICE BY JANUARY 26, 2018.

PLEASE REFER ANY QUESTIONS TO (216) 368-3049 OR MEDICALPLAN@CASE.EDU