

REMINDER
Due date to return
is August 1, 2020

The Juilliard School
2020-2021
Student Health Insurance Waiver Form

COMPLETE THIS FORM ONLY IF YOU DECIDE TO WAIVE THE HEALTH INSURANCE COVERAGE

Student Name: _____
Last First

Home Address: _____
Street

City, State, Zip Phone Number

Student ID Number: _____ Date of Birth: _____
(mm/dd/yyyy)

The Juilliard School requires that all students have health insurance that covers, at a minimum, the following:

- Coverage for New York City medical providers and hospitals
- Coverage for both outpatient and inpatient medical care, laboratory and diagnostic services and mental health care. Emergency only coverage does not satisfy this requirement
- Policy should cover pre-existing conditions and preventative care
- Direct payment to providers, versus a reimbursement plan that requires payment first
- The maximum benefit payable under the insurance plan must be unlimited
- Policy in effect for the entire academic year, August 2020 through June 2021

We advise you to speak with your insurance company to determine if your policy provides adequate coverage as detailed above. For example, if you are insured under an HMO or other policy that does not pay for routine medical care in cases of sickness or injury, emergency room treatment, and hospitalization in New York City you should not waive the student health insurance. You may email Juilliard Health Services at healthservices@juilliard.edu or call us at (212)799-5000 ext. 282 if you have any questions.

When the student health insurance is waived, all students who are enrolled in 6 credits or more per semester are entitled to medical and mental health services provided by Juilliard Health and Counseling Services. Costs for the services provided by Juilliard Health and Counseling Services are covered by the general operating budget of the school. Please note that there may be charges for medications, immunizations, laboratory work, and miscellaneous medical equipment as a result of these services.

International students may NOT waive coverage of the Student Health Insurance Program.

Directions to complete the Insurance Waiver Form:

- Complete both sides of this form
- The policyholder and the student both must sign the form
- A photocopy of the front and back of the student's health insurance card must be attached
- The completed waiver form with a photocopy of the insurance card must be received by the Student Accounts Office at The Juilliard School by August 1, 2020. If complete, the Student Accounts Office will remove the \$1,273.50 per semester fee from the student's tuition account.
- A waiver form must be completed for each academic year that a student does not want to be enrolled in the Juilliard Student Health Insurance Program.

Incomplete forms or forms received without a photocopy of the insurance card will not be accepted

Return this form by email to:
STUDENT ACCOUNTS OFFICE
studentaccounts@juilliard.edu

INSURANCE COMPANY INFORMATION:

Name: _____

Address: _____

Street

City, State, Zip

Telephone Number: _____

*Please provide the customer service or medical emergency number, if available.
If not, please list the telephone number of the insurance company.*

POLICYHOLDER INFORMATION: *(The person under whom the student’s health coverage is effective)*

Name: _____ Relationship to student: _____

Address: _____

Street (if same as home address of the student list “same”)

City, State, Zip

Phone Number

Name of Policyholder’s Employer: _____

POLICYHOLDER AFFIRMATION:

I declare that the student named on this form is enrolled for the health insurance coverage listed on this form and that this health insurance will provide medical coverage and benefits (as detailed above) for medical charges that may be incurred in New York City. Additionally, if the student becomes ineligible for this coverage during this school year (ending June, 2021) for any reason, or if this health insurance policy proves to be inadequate for any reason, I understand that uninsured medical charges could result in substantial financial liabilities. I have not relied on any representative of The Juilliard School in determining the adequacy of the named student’s health insurance program. I understand that the ability to re-enroll in the Student Health Insurance Program is not guaranteed and can only be explored on a case-by-case basis and will be determined by the Student Accounts Office.

Signature of Policyholder: _____ Date: _____

STUDENT AFFIRMATION:

I have read and understand the above affirmation, I agree with its representations, and I have not relied on any representative of The Juilliard School in determining the adequacy of my health insurance coverage. I understand the potential serious financial ramifications of waiving the Student Health Insurance coverage.

Signature of Student: _____ Date: _____

*Signature of Parent/Guardian

if student is under 18 years of age: _____ Relationship: _____ Date: _____

Remember: No form will be considered complete without a copy of the front and back of the health insurance card.

**Return this form by email to the:
STUDENT ACCOUNTS OFFICE
studentaccounts@juilliard.edu**

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