UNIVERSITY OF JUSTICE

Comprehensive Student Health Insurance Waiver

This three-page legal document is required for all students electing to waive the University-sponsored health insurance plan. Please complete all sections with accuracy to avoid processing delays or financial penalties.

1. STUDENT DEMOGRAPHICS & ACADEMIC PROFILE

Full Legal Name (as appearing on Government ID)

Student ID Number (9-digits)

Date of Birth (MM/DD/YYYY)

Citizenship / Visa Status (e.g., U.S. Citizen, F-1, J-1)

Current Academic Program & Year

Primary Phone Number

University Email Address

Emergency Contact Information (Name, Relation, & Phone)

2. CURRENT INSURANCE PROVIDER & NETWORK INFORMATION

> **Why this matters:** The University must verify that your plan provides "Comparable Coverage." Out-of-state HMOs or travel-only insurance plans are generally not accepted as they provide insufficient network access in the campus geographic area.

Current Health-Plan Provider (Insurers name, e.g., BlueCross, Aetna)

Plan Type (HMO, PPO, EPO, etc.)

Policy / Member ID #

Group Number

Payer ID (if known)

In-Network Facilities (List the nearest Hospital/Urgent Care to campus covered by this plan)

3. PROOF OF INSURANCE DOCUMENTATION

ADHERE/UPLOAD FRONT OF CARD (Must show Member Name & ID)

ADHERE/UPLOAD BACK OF CARD (Must show Claims Address/ Contact)

4. COVERAGE AFFIRMATIONS & LEGAL ACKNOWLEDGEMENTS

- ☐ **Affirmation of Coverage:** I certify that I have an active health-insurance policy that meets the university's minimum standards and remains in force on the first day of classes.
- ☐ **Acknowledgment of Network:** I understand that I am responsible for all costs, including higher out-of-pocket expenses, incurred if I seek care outside my private plan's network.
- ☐ **Waiver of University-Provided Coverage:** By signing this form, I elect to waive the University of Justice's default health-insurance plan and authorize the removal of associated fees from my account.
- ☐ **Consent to Data Sharing:** I allow the university to share my insurance information with the campus health center and emergency services as needed for billing or urgent care.

5. LEGAL FRAMEWORK & FALSIFICATION PENALTIES

> "Honesty is the best policy—especially when a false statement could cost you health care and a criminal record."

Authority	Governing Regulation
HIPAA	Protects medical privacy; falsifying coverage is a violation if it leads to unauthorized disclosure.
State Fraud Statutes	False statements on insurance applications are felony offenses, punishable by fines up to $10,000 and 5 years in prison.
Title IX / Conduct Code	Academic dishonesty triggers disciplinary hearings, suspension, or expulsion.
SEVIS (International)	Falsification jeopardizes visa status, resulting in immediate termination of SEVIS records.

CONSEQUENCES OF FRAUDULENT SUBMISSION

- Immediate Denial of Waiver & retroactive billing for University insurance.
- Assessment of a **$250 Fraud Surcharge** plus investigation costs.
- Academic hold placed on student account, preventing graduation or registration.
- Referral to local law enforcement for insurance fraud prosecution.

6. THE "WHY" BEHIND THE WAIVER

Stakeholder	Primary Benefit
University	Compliance with federal/state mandates and reduced liability for student care gaps.
Student	Control over plan choice, cost savings, and continuity of existing specialists.
Insurance Providers	Accurate risk pools, streamlined billing, and reduced fraudulent claims.
Campus Health	Efficient patient triage and professional referral pathways for specialists.

7. STUDENT DECLARATION & SIGNATURE

I, the undersigned, have read the entirety of this three-page document. I understand the legal implications of this waiver and certify that all provided insurance information is active and valid.

Student (or Guardian) Signature **Date of Signature**

8. DETAILED SUBMISSION & FOLLOW-UP PROCESS

Pro-Tip: TYPOS TRIGGER DENIALS. Double-check your Member ID number. If your university plan is a "student-specific" policy, the provider field may auto-populate.

1. **Step 1: Log In** - Access the "CampusOne" Student Portal using your Multi-Factor Authentication (MFA).
2. **Step 2: Navigate** - Select the "Student Services" menu and click on the "Health & Insurance Waiver" tab.
3. **Step 3: Upload** - Attach a high-resolution PDF of your FRONT and BACK insurance card images.
4. **Step 4: Certificate of Coverage** - Ensure you have attached your "Certificate of Coverage" (Summary of Benefits).
5. **Step 5: Review Checklist** - Verify: Legal name matches ID? ID number has correct digits? Document signed?
6. **Step 6: Submit & Receipt** - Press "Submit Waiver." Save your Confirmation Number (e.g., WA-2026-XXXXX).
7. **Step 7: Monitoring** - Check your University email within 48-72 hours for an "Approval" or "Request for Information" notice.

9. TROUBLESHOOTING: REFERENCE CHEAT SHEET

Section	Common Pitfall	Corrective Action
Demographics	Using nickname instead of legal name.	Match your government-issued ID exactly.
Provider Info	Misspelling "BlueCross BlueShield."	Copy exactly from the "Payer" field on card.
Signature	Low-resolution scan of signature.	Scan at 300 DPI or use the Digital Signature tool.

FOR OFFICE OF ADMISSION USE ONLY

This section must be completed by a certified Admission Health Compliance Officer.

☐ WAIVER APPROVED ☐ WAIVER DENIED ☐ AUDIT REQUIRED

Verification Reference #

Admission Officer Name & Title

Internal Review Date

Officer Signature (authorized signatory)

Bursar Systems Update (Date)

Detailed Administrative Notes (Required if Denied or Pending Audit)

☐ Proof of Card (Front/Back) Verified ☐ Summary of Benefits Verified ☐ Fraud Surcharge Applied ($250)

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