

INSTRUCTIONS FOR FILING A LATE MEDICAL INSURANCE WAIVER 2012-2013

Step 1: Print out forms: (3 page PDF)

2012-2013 Application, Verification and HIPPA privacy release ([click here](#))

Student should fill in page 1 and page 3-Verification form **MUST** be filled in by private health insurance company and signed by authorized representative with a valid phone number for contact verification.

If you have Erie or Niagara County Medicaid –

Please [click here](#) for example of acceptable proof of health insurance

Medicaid *outside of these counties is most cases emergency only coverage and will not be accepted without a contact signature and reachable phone number for verification.*

Fidelis participants [click here](#) for example of acceptable proof of insurance.

Step 2: The application must be submitted in person (all 3 pages completed) to the SBI Medical Insurance Office during the hours of 10:00 am and 3:00 pm Monday - Friday (*due to staffing reasons*) One of the office staff members will attempt to contact your private health insurance company at the number listed on the verification form. If successful, you will need to submit a \$100.00 late payment fee for processing or the waiver will not be completed. **Payment of the late processing fee can be made in cash or check payable to SUB BOARD ONE, INC. Payment can also be made at the SBI Ticket Office by credit card from 10 am – 3 pm.**

If the SBI – Medical Insurance Staff **cannot reach** your private insurance company then the student will be required to return at another time until the verification is complete.

The waiver window for the 2012-2013 academic year opened on July 12th, and closed October 12th, 2012. Any waiver submitted after the waiver window dates is considered a late waiver and subject to the late waiver process and fee. The waiver is an annual process that must be completed by Domestic students registered for 9 credit hours or more (graduate students), 12 credit hours or more (undergraduate students) and International students with as little as 1 credit hour. The health insurance is a mandatory fee and waiver is only permitted with insurance that meets or exceeds necessary requirements for attendance.

LATE WAIVER OPTION WILL CLOSE ON DECEMBER 10, 2012

EXCEPTION WAIVER REQUEST
FALL 2012

Student Name: _____

UB Person Number: _____

UB-IT E-mail Address: _____

The final waiver deadline for the mandatory UB insurance assessment was **October 12, 2012**. If you carry private health insurance that meets or exceeds the requirements for waiver of the mandatory UB-AETNA program, and you have extenuating circumstances that prevented you from waiving prior to October 12, 2012, you may petition for waiver of premium and participation. In order to continue with this process, please verify that your private insurance policy was effective on or before **September 1, 2012**—if it was not, you cannot be considered for waiver for the **2012-2013** academic year. – NO EXCEPTIONS –

Step One: Print and complete this entire form- Please make sure there is a signature at bottom of this page to verify you understand the requirements and terms of this exception waiver.

Step Two: Send the attached verification form **page 2** to your private health insurance company. This form **MUST** be signed by a Representative at your insurance company with a **valid/reachable telephone number** provided for contact and verification purposes. If the provider prefers they can answer the benefit questions on company letterhead.
A LETTER OF CREDIBLE COVERAGE WILL NOT BE ACCEPTED.

Step Three: Return with completed application to the Student Medical Insurance Office Suite 223 Student Union (North Campus (*address in header*) before **December 10, 2012**:

- 1.) This form completed and signed below.
- 2.) The attached verification form completed and certified by private insurance company **representative with a reachable phone number for verification purposes.**
- 3.) **Late Waiver Processing Fee of \$100.00** in the form of cash, check or money order payable to "Sub-Board I, Inc".
Additionally, the SBI Ticket Office can accept Master card, Visa, Discover and Campus Cash for payment
- 4.) **Signed HIPAA release** for enrollment/benefit information.
We need **ONLY** the enrollment and general benefit portion.
The Verification does **NOT** want access to any private health information.

—Student Acknowledgement and Certification—

I, the above named student, hereby petition for late waiver of the mandatory UB-AETNA policy. I agree to pay the appropriate late processing fee to "Sub-Board I, Inc" as a processing fee due to my waiver being submitted after the October 12, 2012 deadline. I agree to submit all paperwork requested above and realize that **my coverage will be verified by the UB Student Medical Insurance Office (SMI) to determine my eligibility for waiver as per the health insurance requirements for attendance at UB**. If my waiver cannot be granted, I may not be refunded the processing fee from SMI at 223 Student Union or Sub Board One, Inc. I understand and agree that all communication pursuant to this process will be e-mailed to my UB-IT e-mail address provided above. **Furthermore, I am fully aware that this is an annual online process to be completed each academic year that I am registered as an undergraduate carrying 12+ credit hours or a graduate/professional student carrying 9+ credit hours. Late Waiver applications will only be accepted once during your career at the University at Buffalo. Late waivers are allowed on a one-time only basis per student.**

Student Signature: _____ Date: ____ / ____ / ____

University at Buffalo

Insurance Verification Form

Copies of Insurance policies/CARDS and letters of Creditable Coverage are NOT acceptable.

The University at Buffalo requires all full-time students to maintain health insurance providing coverage for in-patient and out-patient, mental health, as well as catastrophic illness and injury. The student may satisfy the insurance requirements through private or employer sponsored plans that meet certain minimum criteria or through enrollment in a group insurance plan. **ERIE OR NIAGARA COUNTY MEDICAID AND FIDELIS MAY SUBMIT A MEMBERSHIP LETTER OF VERIFICATION IN PLACE OF THIS FORM.**

Section I (To be completed by Student)

Student Name: Last: _____ First: _____ Phone Number: _____

UB Person #: _____ Email Address : _____

Student Address: _____

City: _____ State: _____ Zip: _____

Section II (MUST be completed by an Insurance Company Representative)

Name of Insurance Company: _____

Member Name: _____

Member ID Number: _____ Country: _____

Group Number: _____ Policy Number _____

Effective Date: _____

Expiration Date: _____

I hereby attest that this plan meets the following standards:

Yes / No The subscriber's plan offers A minimum coverage of at least \$100,000 per medical condition?

Yes / No Is this a Healthy NY Plan?

Yes / No The subscriber's plan covers Inpatient and Outpatient medical care within 25 miles of the University at Buffalo campus area. ***Emergency Only coverage does not meet this requirement.***

Yes / No The subscriber's plan covers Inpatient and Outpatient mental health care within 25 miles of the University at Buffalo campus area. ***Emergency Only coverage does not meet this requirement.***

Yes / No The subscriber's plan provides prescription drug coverage (either as part of this medical plan or as a separate prescription plan). If prescription drug coverage is through a separate plan administrator, a copy of this form must also be completed by that provider.

Yes / No The subscriber's plan is currently active and has been/will be effective from 9-1-2012 through 8-21-2013. (Please check here _____ if this plan requires periodic recertification for continuation.)

CARRIER SIGNATURE REQUIRED

VALID Insurance Carrier Phone Number

Please Return To: Sub Board One 12-10

UB Student Medical Insurance Office
Suite 223 Student Union (North Campus)
Buffalo, NY 14260

PLEASE MAKE SURE THIS INFORMATION IS READABLE FOR VERIFICATION PURPOSES.

Sub-Board I, Inc.

AUTHORIZATION for HEALTH CARE / HEALTH INSURANCE ADVOCACY

Information about you and your health is personal and Sub-Board I, Inc. (SBI) is committed to protecting the privacy of such information. In addition, your personal health information (PHI) is, in many cases, protected from use and disclosure by both State and Federal law. As a result, SBI will not use your PHI to advocate on your behalf with respect to health care or health insurance matters unless you sign this form permitting SBI to use your PHI for this purpose. Please carefully read this form and the information set forth below before signing.

Name: _____ UB PERSON# : _____ - _____

Address: _____

DOB: _____ Telephone #: _____ (day) _____ (eve)

I hereby authorize representatives of SBI to receive information related to my private health insurance enrollment dates and benefit information

Dates for Verification:

October 13th, 2012 _____ (please insert date for verification permission to expire)

Providers:

Name of Insurance Company: _____

To include information related to enrollment dates and medical and mental health benefits

SBI-Student Medical Insurance Office Staff:

Verification Completed by: _____ initial _____ date

By providing this authorization, I give permission for representatives of SBI to discuss the medical care that I received from the above named providers, during the time period listed, as well as the actual or requested payment for such care, with both the providers and insurers listed above. I understand that I can rescind this authorization at any time thereby affecting future (but not past) communications.

Signature of Patient (or Personal Representative¹)

Print Name of Patient (or Personal Representative¹)

Date

¹ As defined in 45 CFR §164.502(g)