



**Health Insurance Waiver Form for the Tufts University Medford Campus August 2021- August 2022**

The Commonwealth of Massachusetts and Tufts University require all matriculated students of higher education to participate in a qualifying health insurance plan. All Medford/Somerville/SMFA students must waive on their [SIS](#) account, under Bills and Balances tab. **You will be required to do a waiver every year.**

The waiver can be applied retroactively up to 30 days if the alternate health insurance provided was active and the UHCSR plan was not utilized. A prorated credit will be posted on your student’s account by the Bursar, if applicable. Please see [FAQs](#) from the MA Health Connector about the student health insurance plan.

**STEP 1: Provide your demographic information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tufts Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will you be taking classes in person or in Massachusetts between August 2021 to August 2022?  Yes  No

**STEP 2: Confirm your health plan meets the following requirements [per Regulation 956 CMR 8.00 Section 8.05 under State Law Chapter 15A, Section 18.](#)**

<b>APPLICABLE TO ALL STUDENTS:</b>	
YES NO	Is your policy underwritten and/or administered by a United States based company or an embassy sponsored plan?
YES NO	Does your plan provide an unlimited maximum benefits for covered medical expenses?
YES NO	Does your plan cover preventive; primary care; and ambulatory patient services in the area you will reside during August 2021 to August 2022?
YES NO	Does your plan cover emergency care benefits in the area you will reside during August 2021 to August 2022?
YES NO	Does your plan cover inpatient hospitalization for medical <u>services</u> in the area you will reside during August 2021 to August 2022?
YES NO	Does your plan cover inpatient <u>and</u> outpatient (non-elective) surgical services in the area you will reside during August 2021 to August 2022?
YES NO	Does your plan cover inpatient and outpatient mental health care benefits in the area you will reside during August 2021 to August 2022?
YES NO	Does your plan cover labwork, diagnostic X-rays, physical therapy, chiropractic care in the area you will reside during August 2021 to August 2022?
YES NO	Does your plan cover maternity, newborn care, and pediatric services within the area you will reside as mandated by the Affordable Care Act?
YES NO	Do you certify that your plan does not impose an annual or lifetime limit on the dollar amount?
YES NO	Does your plan provide coverage for any pre-existing conditions with no waiting period?
YES NO	Does your plan provide coverage for prescriptions up to the plan maximum?
YES NO	Does your plan cover in-network and out-of-network providers within 50 miles for emergency and non-emergency services in the area you will reside?
<b>APPLICABLE ONLY TO INTERNATIONAL STUDENTS:</b>	
YES NO	Does your plan provide repatriation of remains?
YES NO	Does your plan provide medical evacuation?

**STEP 3: Provide your insurance information.**

Insurance Company's Name \_\_\_\_\_

Mailing address where claims will be submitted: \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**STEP 4: If you have an insurance with a US Carrier, upload a copy of your insurance card**

Log into your [Patient Portal](#). Click on the "Insurance" tab (the one with the umbrella) scroll down to the bottom of the page and click on **Add New** under "Insurances on File". If you cannot find your insurance company in the drop-down menu, choose the first option **\*\*\*\*SELECT FROM LIST\*\*\*\*** and fill out the rest of the fields. We will manually enter your health insurance company in our system.

Scroll down, fill out all the fields and at the bottom click on the **Add** tab. Scroll down again, to confirm you entered your insurance information. On the right side of your insurance information, you will click on the "Upload card" buttons to upload a picture of your insurance card using one of the following formats: gif, .tiff, .jpg, .jpeg.

**STEP 5: Certify and sign**

- I certify by submitting this waiver that I am covered by the insurance policy listed above for August 2021 to August 2022.
- I understand that by completing this waiver, I am responsible for all medical expenses and neither Tufts University, nor the University's Health Insurance carrier will be responsible for these expenses.
- I understand that all waivers are subject to an internal audit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 6: Submission**

Student must return form to:

Health and Wellness  
Business Office  
124 Professors Row, Medford, Ma

or via their Tufts email account to [studenthealthinsurance@tufts.edu](mailto:studenthealthinsurance@tufts.edu)

For more information about the Student Health Insurance you can visit: <http://go.tufts.edu/studenthealthinsurance>