



OAKLAND UNIVERSITY WILLIAM BEAUMONT

2017-2018 Proof of Health Insurance

All students enrolled in Oakland University William Beaumont (OUWB) School of Medicine are provided with individual health insurance coverage. All students must have health insurance. ***Proof of comparable coverage is required if you do not enroll in this plan.*** Please check which option you have selected.

_____ Yes, I will accept the Oakland University health plan

_____ No, I am requesting a waiver of the Oakland University health plan

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home Phone () _____ Cell Phone () _____

Certification/Proof of Health Insurance Coverage

Name of Policy Holder: _____ Relationship to Student _____

Health Insurance Company: _____

Policy Number: _____ Dates of Coverage: _____

The information above is true and accurate to the best of my knowledge. I will provide all requested alternative health group insurance documents, if asked, within ten (10) business days. **I will immediately notify OUWB if my alternative group health insurance lapses.**

Student Signature: _____ Date: _____

Your insurance must include the following requirements:

- *Cover a 12 month period
- *Extend to students while they are on approved rotations in other states
- *Cover pre-existing conditions
- *Include coverage for prescriptions
- *Have lifetime coverage limits that are consistent with the cost of a major medical illness

Return completed form by **8/10/17** to: Attn: Katherine Stotts, OUWB School of Medicine
216 O'Dowd Hall
586 Pioneer Drive
Rochester, MI 48309
OR e-mail to kstotts@oakland.edu
OR Fax to 248-370-2771