



Health Insurance Waiver

In order to waive Reed's health insurance, you must have comparable coverage. Comparable coverage will provide medically necessary services while you are in Portland. If you are unsure about your coverage, please speak with your insurance company before completing this waiver.

Student information

Student name _____ Reed ID _____

Address _____

City _____ State _____ Zip _____ Country _____

Insurance information

Policyholder name _____

Policyholder city _____ Policyholder state _____

Insurance company name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone number for claims _____

Individual membership number _____ Group number _____

Insurance type Employer Plan Marketplace Plan Medicaid Other _____

Annual deductible _____

I hereby acknowledge that my medical insurance coverage is comparable to Reed's comprehensive student health insurance plan and that the following apply:

- My plan is active and I agree to maintain coverage throughout the academic year. If my coverage changes I will submit new health insurance information or request to be added to the college's plan within 30 days of losing my health insurance.
- My plan provides access to in-network or participating providers in the Portland area for emergency and non-emergency services.
- My plan covers in-network or participating inpatient and outpatient mental health care in the Portland area.
- If my plan has limited coverage in the Portland area, or has a high deductible, I have a Health Saving Account (HSA) or other means to cover out-of-pocket expenses.
- I understand my coverage and have reviewed a summary of my insurance plan.

I understand that if this waiver is approved I will be personally responsible for all expenses incurred as a result of any accident or illness while sustained at Reed College.

Signature of student, or parent or guardian (invalid without signature)

Student signature _____ Date _____

If student is under 18, parent or guardian signature is required

Parent or guardian signature _____ Date _____