



The University of Alabama at
Birmingham Student Health
Services

Student Health Services
Learning Resource Center
1714 9th Ave South
3rd Floor
Birmingham, AL 35294-1270

Waiver OF UAB Student Health Services Insurance Plan

Blazer ID _____ Boo# _____ Social Security Number _____

Email _____

Semester Beginning: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester <input type="checkbox"/> Other _____				
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City		State		Zip code
Telephone Number:	School or College in which you are enrolling (Check one): <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optometry <input type="checkbox"/> Nursing <input type="checkbox"/> Health Professions <input type="checkbox"/> Public Health <input type="checkbox"/> Graduate (Degree Seeking) <input type="checkbox"/> International Student <input type="checkbox"/> International Scholar/Observer			

My signature below acknowledges...

1. I have major medical insurance coverage other than VivaHealth student plan that meets the following minimum standards:
 - a) Physician and hospital coverage with providers in Alabama
 - b) Minimum of \$500,000 lifetime maximum benefit
 - c) Transplant Coverage
2. Procedures, labs, pap smears, X-rays, prescriptions and referrals ordered by Student Health Services providers are not covered by Student Health fee and will be my responsibility to pay (the UAB laboratory and X-ray departments may file my insurance but I will be responsible for any charges not covered by my insurance)
3. I have attached a copy of the front and back of the member identification card for the insurance referenced in item 1 above and agree to notify Student Health Services if there is a change in insurance.

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Date signed

Major Medical Coverage Company Name

Policy #

Name of Insured

Relation to Student



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Student Health Services
Learning Resource Center
1714 9th Ave South
3rd Floor
Birmingham, AL 35294-1270

Waiver OF UAB Student Health Services Insurance Plan

Blazer ID _____ Boo# _____ Social Security Number _____

Email _____

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Birmingham Student Health
Services

Student Health Services
Learning Resource Center
1714 9th Ave South
3rd Floor
Birmingham, AL 35294-1270

Waiver OF UAB Student Health Services Insurance Plan

Blazer ID _____ Boo# _____ Social Security Number _____

Email _____

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