Return by July 31st to:
Student Health Center
204 W. Washington Street
Lexington, VA 24450
Fax: (540) 458-8404
studenthealth@wlu.edu
Phone: (540) 458-8401

WASHINGTON AND LEE UNIVERSITY

Lexington, Virginia 24450-2116

HEALTH INSURANCE INFORMATION FORM

This form is to be submitted at enrollment, and updated whenever there are changes to your health insurance information.

Student Information

Name _____ Class Year _____ ☐ UG ☐ LAW
Last First Middle

Cell Phone: _____-_____-_____ Date of Birth: _____/_____/_____ ☐ Male ☐ Female ☐ Other
M D Y

Good health is essential to your academic success. Therefore, Washington and Lee University requires all full-time students to carry health insurance. If you do not have health insurance coverage, you have the option of purchasing a student health insurance plan offered to all full-time students. **All international students** must enroll in the student health insurance plan offered through the University to ensure adequate coverage in the U.S. that meets Affordable Care Act mandates. If you are in need of health insurance you may review the policy brochure and apply online at http://www.firststudent.com -select W&L from the list of schools and click on "Review Brochure" or "Enroll Now." Eligible dependents, including domestic partners may also enroll in this insurance plan on a voluntary basis. Please contact the Student Health Center if you have questions about your options for health insurance coverage.

You will receive e-mail notification at a later date from First Risk Advisors with information about completing the mandatory ANNUAL waiver/ enrollment form online at www.firststudent.com - select W&L from the drop down menu and click on "Waive Your School's Insurance" if you are covered by a family or individual health insurance plan. You will need to enter your name, date of birth and W&L Student ID number to access the waiver form. You will be asked to supply the following information about your current health insurance plan: the name and address of the insurance carrier (the insurance plan MUST have a U.S. address), policyholder's name, ID and policy number, and phone number for claims service. You will also be asked to answer some questions about covered services under your plan. If you are unable to access the on-line waiver/enrollment form please contact the Student Health Center.

Policyholder Information

Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ ZIP _____	State _____ ZIP _____
Phone (_____)_____-_____	Phone (_____)_____-_____

Insurance Information

Please attach a copy of all insurance cards (front & back)

Policyholder Name _____ ID# _____ Group # _____

Insurance Company's Name _____ Phone # _____-_____-_____

Address_____ City _____ State _____ ZIP _____-_____

Authorization and Consent for Release of Information and Assignment of Benefits for Insurance Billing

- I hereby authorize and request Washington and Lee University to submit necessary information, including information from my health record, to my health insurance plan for the purpose of filing and processing claims for services provided at the Student Health Center.
- I further authorize payment for all such covered services and health insurance benefits to be made directly to Washington and Lee University.
- If my insurance company makes payment to me instead of directly to Washington and Lee University, I authorize the University to collect such payment from me by placing a charge on my University account, for which I am financially responsible.
- I understand that if I want to ensure that Explanation of Benefits statements are sent directly to me, the insured (rather than to the policyholder), I am responsible for contacting my health insurance plan to make that request.
- A copy of this authorization and consent may be used in place of the original and will remain in effect until revoked by me in writing.

_____ _____
Student Signature (if age 18 or older) Date