



2019-20 SHIP
STUDENT HEALTH INSURANCE PLAN
Graduate Enrollment/Waiver Form

ENROLL I want to enroll in the 2019-20 La Roche SHIP.

One-year Term Effective dates: 8/1/2019 - 7/31/2020
Total Cost of Insurance: \$2379
Includes all administrative fees. Dependent spouse or child(ren) can be added for an additional cost.

Please fill in ALL required information:

Student Name

Student ID #

Student Date of Birth

Gender: M F

Student Cell Phone #

Please provide your preferred e-mail and mailing addresses for all SHIP communications.

E-mail address

Street Address

City State Zip

Insurance fraud is a crime and subject to criminal and civil penalties. Any person who, knowingly and with intent to defraud, files an application for insurance or statement of claim against an insurance policy, an insurance company, or another person is committing insurance fraud.

Signature Date

WAIVE I want to waive the 2019-20 La Roche SHIP and remove the charge from my student account.

Please fill in ALL required information (*if applicable):

Student Name

Student ID #

Student Cell Phone #

E-mail address

Insurance Company Name

Is this Medicaid? Yes - In which state?

Medicaid is government-funded and offers emergency-only benefits outside the state of residence.

Is this an HMO? Yes No

Contact your carrier to find out if your plan requires the use of a Primary Care Physician and if network providers are available away from home.

Who subscribes to the insurance?

Name

Relationship to Student Date of Birth

Subscriber ID #

*Group #

Member Service Phone #

Claims Address (listed on card):

P.O. Box/Street Address

City State Zip

Is prescription coverage included? Yes No

*Pre-certification Phone # (back of card)

I hereby waive rights to the benefits of the La Roche SHIP. I have confirmed that my plan will cover my medical expenses while at school. If the insurance company specified on this form fails to pay, I understand that I will be solely responsible for all medical expenses.

Signature Date

Please scan, screenshot, or print and return completed and signed form to:



Email: university@QMServicesinc.com / Fax: 717-591-2093 /

La Roche University, c/o Student Insurance Administrator, P.O. Box 867 • Mechanicsburg, PA 17055