

Name: Last

First

Whitman College ID#

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First

FOR STUDENTS WHO HAVE PRIVATE HEALTH INSURANCE

- 1) If you have private health insurance coverage for the 2008/2009 academic year, you are not required to purchase the Whitman College Student Health insurance plan.
- 2) If your private insurance policy terminates at any point during the 2008/2009 academic year, you will be required to purchase the Whitman College Health Insurance plan or another private insurance policy to cover you for the balance of the 2008/2009 academic year.
- 3) If you wish to supplement your private health insurance policy, you are welcome to purchase the Whitman College Student Insurance plan. If this is the case, please fill out both the yellow and the ivory form.
- 4) If you do not mail or fax this form to us by August 1st, 2008 you will not be allowed to FINALIZE your registration for classes until we have received the form. In addition, you will automatically be billed for the Whitman College Student Insurance plan. The charge for the student insurance plan will be cancelled when we receive your private health insurance form.

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Date of Birth: day/month/year (i.e. - 29 july 1989)

Social Security #

Whitman College ID#

Name of insurance company _____

Insurance company address _____

Insurance member services phone number _____

Group/Policy number _____ Rx Group (BIN#) _____

* See back for Kaisir Permanente information. Reciprocity # _____

Name of Subscriber (usually parent/guardian who purchases or provides insurance) _____

Member ID number (can be Social Security number) _____

I understand that Whitman College requires all full-time students to have health insurance. I waive the requirement to purchase Whitman College Student Health Insurance because I have the above private insurance. If I desire to supplement my coverage by purchasing Whitman College's Student Health Insurance, I will fill out and attach the yellow insurance form as well as this ivory insurance form.

Student's signature (Parent's signature if student is under 18 years of age)

Date

YOU MUST ADHERE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD IN SPACE BELOW:

If your private insurance is a Kaiser Permanente plan, it is possible to receive Kaiser benefits through a reciprocity agreement between Kaiser Permanente and Group Health Cooperative, which is similar HMO in Washington state. You may contact Group Health Cooperative at (509) 241- 7798 to request a Group Health reciprocity number for use while in Walla Walla; there are many Group Health-contracted medical facilities in Walla Walla available for medical care. It will be necessary for the home Kaiser primary care physician to approve any specialty care or significant medical procedures (such as an MRI or surgery) in order to have that care/procedure covered by your insurance. **Please write your Group Health reciprocity number in the space provided on the other side.**