

UB Student Health Insurance Program

Military Special Circumstance Waiver

Complete and return to:
Veteran Services
321 Student Union, North Campus
Buffalo, NY 14260

UB requires that all domestic undergraduates at 12+ credit hours and all domestic graduate/professional students at 9+ credit hours carry health insurance. International students have an insurance requirement when registered for 1+ credit hours. The UB Student Health Insurance Program is mandatory for students at the above credit hour thresholds and is assessed as a mandatory fee to the student's UB account and billed on the tuition statement. Annual qualified waiver of this mandatory fee and coverage is available to those students that carry private health insurance coverage that both meets the requirements for attendance and is in full effect by the first day of classes for the semester during which waiver is requested. Though the standard waiver process is available online, administration does realize that certain circumstances cannot be administered by the automated online system. By completing this form, you are requesting that the UB Student Health Insurance Office review your circumstances to determine if exception to UB policy and procedure as per assessment and waiver of the health insurance requirement can be granted based on all information currently available.

Military Affiliated

Name: _____ UB Person #: _____
Last Name, First Name

UB E-Mail Address: _____ Circle Status: Undergraduate / Graduate / Professional

School or Academic Department: _____

Veteran Status

If privately insured please write below which health care program you are enrolled (ex. CHAMPVA, Tricare)

STUDENT ATTESTATION

I understand that the UB Student Health Insurance premium is a mandatory fee and stipulation of my voluntary attendance at UB at the above prescribed credit hour thresholds. The program is structured as a one-year term policy, paid in full. Waivers must be renewed each academic policy year that I carry the required number of credit hours to qualify for mandatory assessment. Furthermore, I realize that if granted waiver of the UB Student Health Insurance Program, I am no longer eligible for the benefits of the program either on campus or in the community during the period of waiver. If I have used the insurance for payment of medical expenses, I am not eligible for full waiver during the policy year of usage. If my application for waiver was received after the relevant waiver deadlines, waiver may not be possible. If granted I understand there may be a processing fee required. I agree to provide all documentation required to determine eligibility and validity of special circumstance waiver as requested by the UB Student Health Insurance Office.

Student Signature

Month/ Day/ Year

SMI OFFICE USE ONLY

PETITION RECEIVED: ____ / ____ / ____

DECISION: Approved / Denied • REVIEWED BY: _____

Processed: initials _____

Student Account _____

Removal Insurance Co. _____