



Parent/Guardian Form

Request for Waiver of UO Insurance – In the Case of a Minor Student

The University of Oregon requires that all international students have health insurance to help cover unexpected medical expenses that may arise. International students with existing insurance which meets or exceeds the university’s standards may request a waiver. To be approved for an insurance waiver, you must provide proof of health coverage which meets the University of Oregon’s requirements. A list of the requirements can be found on the University Health Center website at healthcenter.uoregon.edu/insurance.

Student’s Name: _____ Date of Birth: _____ UO ID: _____

I understand that to be considered for an insurance waiver I must also submit documentation in English of my insurance policy (including the front and back of any supporting documentation). I understand that failure to do so will result in a denial of my waiver request.

I certify that my insurance policy meets or exceeds UO requirements and understand this will be verified by staff prior to approval for a waiver. If waiver is denied, I understand that my child will be automatically enrolled in the UO Health Plan and I am responsible for paying the costs of enrollment. I understand that the University Health Center will not bill my private insurance company and I am responsible for paying all bills at the University Health Center and submitting my own receipts to my insurance company for possible reimbursement. I understand that I am responsible for notifying the University Health Center coverage ceases for any reason, so my child may be enrolled in the UO Health Plan.

I hereby consent to the University of Oregon, including any of its school officials, releasing my child’s educational records (which refer to medical records in this instance) as stated below:

Specific records to be released: Records relating to:

- (1) billing third parties for health care services provided them; or
- (2) paying for health care services provided to them.

Purpose for the release: To bill for or to pay for health care services provided to them.

Party or class of parties to whom the records are being released:

- (1) Health care providers who have provided treatment to them;
- (2) insurance companies that are obligated to pay for health care services provided to them; and
- (3) other third parties that process payment for health care services provided to them.

By signing below, I acknowledge that I have read and understood and agree with the contents of this document and that the information is accurate to the best of my knowledge.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____