



Insurance Compliance Form

International Student Health Insurance Policy Overview:

All University of Oregon international students and eligible dependents are required to have health plan coverage that meets the university's established criteria as a condition of enrollment. This includes when a student is on a University-approved study abroad program, vacation term, or medical leave term.

As such, all international students will be automatically enrolled in and billed for the UO Student Health Benefits Plan (UO SHBP) upon UO course registration. Students are responsible for paying all costs of enrollment in the UO SHBP. Students will be enrolled for an entire year as the default status unless a waiver is on file.

UO SHBP coverage dates and premium rates change on an annual basis. Students are responsible for reading the SHBP plan documents, understanding their coverage, and paying their premiums prior to published deadlines. Failure to do so may result in a late fee (which is determined each year and is currently \$100) and an academic hold being placed on their account.

To opt out, students must submit a complete and accurate Waiver Request Form prior to the published deadlines. The alternative coverage must meet the University's established criteria and be verifiable. Students seeking an insurance waiver are responsible for ensuring an approved waiver is on file for each term/semester they are enrolled and for notifying the UO SHBP Department if their insurance status changes. Students seeking a waiver are subject to all conditions of the Waiver Request Form.

Do you have a Tax Identification Number (TIN) or Social Security Number (SSN)? Yes No

If you have one, you may provide it here, if you so choose: _____

Note, You are not required to provide a TIN/SSN, but if you acquire one and would like to register it with the UO SHBP (to help with any tax filings you may be responsible for), you can submit one at a later date via the TIN/SSN Registration Form.

I hereby consent to the University of Oregon, including any of its school officials, releasing my educational records as stated below:

Records to be released are specifically related to and being provided for the following purposes:

- A) responding to public health and safety emergencies;
- B) preventing or controlling disease, injury or disability;
- C) furthering my treatment and care;
- D) billing third parties for health care services or pharmaceutical drugs provided to me; and to pay for health care services or pharmaceutical drugs provided to me;
- E) to comply with federal laws and regulations.

Records may be released to:

- A) Public health authorities that are legally authorized to receive reports for the purpose of preventing or controlling public health emergencies, disease, injury or disability;
- B) Persons who are at risk of contracting or spreading a disease or condition if other law authorizes the University to notify such individuals as necessary to carry out public health interventions or investigations;
- C) Health care providers treating me and their staff;
- D) HIPAA covered entities and their staff participating in the electronic medical exchange network;
- E) Insurance companies that are obligated to pay for health care services and pharmaceutical drugs provided to me; and
- F) Other third parties that process payment for health care services and pharmaceutical drugs provided to me.
- G) Federal agencies, including but not limited to, the internal revenue service.

By submitting this form, I am acknowledging that I have read and understand the terms noted above and hereby provide my consent. I understand that I have the option to submit a waiver instead of submitting this form.

Signature: _____

Date: _____