



HEALTH INSURANCE POLICY FOR ACADEMIC YEAR 2009-2010

The University of Southern Nevada policy requires that all students maintain health insurance during their entire enrollment at the University. Student Health Insurance coverage must be continuous from the date of enrollment through graduation, regardless of whether your academic schedules includes classroom instruction or participation in clinical rotations.

REQUIREMENTS FOR WAIVER OF RENAISSANCE, INC. HEALTH INSURANCE POLICY

If you currently have health insurance coverage and wish to request a waiver for student health insurance provided by Renaissance, Inc.:

- Complete the top-half of the attached Application for Waiver (page 2) form AND
- Provide a copy of your Summary of Benefits (lists coverages and percentages and can be 2-25 pages in length) AND
- Have your insurance carrier complete the bottom-half of page 2 or submit a letter confirming your coverage AND
- Attach copies of both sides of your insurance card

ALL DOCUMENTS LISTED ABOVE MUST BE ON FILE BY THE DEADLINE FOR THE WAIVER TO BE APPROVED. YOU WILL RECEIVE AN EMAIL CONFIRMATION WHEN PACKET IS COMPLETE AND YOUR REQUEST FOR A WAIVER HAS BEEN GRANTED.

If your health insurance status changes during the academic year, you are required to contact the Registrar/Student Services Office at 702-968-2029 (Henderson) or 801-878-1040 (South Jordan) or registrar@usn.edu for more information on obtaining insurance through Renaissance, Inc.

The Application for Waiver form along with the above listed documents is due to the Registrar/Student Services Office no later than:

<u>Program</u>	<u>Class of</u>	<u>Deadline for Application of Waiver Form</u>
Dental	2012-(D1), Intern	Friday, May 15, 2009
	2011-(D2)	Friday, June 12, 2009
MBA		Friday, June 12, 2009
Nursing	2010-(N2), 2011-(N1)	Friday, June 12, 2009
Pharmacy	2010-(P3)	Friday, April 27, 2009
	2011-(P2) and 2012-(P1)	Friday, June 12, 2009

Failure to submit this form by the indicated deadline means your request for an insurance waiver cannot be considered and you will be charged for the student health insurance policy.

You will be notified in the event the information you provided was not sufficient to provide verification of current health insurance coverage. Additional documentation or information may be required. If you cannot provide adequate information to verify current health insurance coverage by the deadline noted above, you will be required to enroll in the health insurance policy and the premium payment will be billed directly to your University account. **Please refer to your Registration and Payment Agreement to confirm the premium amount. Be aware that dependent cost is extra.**

*******Please retain this page for your records*******

Page 2 is to be completed and submitted to Student Services Office if your are requesting a waiver for Student Health Insurance provided by Renaissance, Inc.

Page 3 is your copy to keep. It contains general insurance information as well as information regarding adding dependents.

APPLICATION FOR WAIVER

**This is to be completed if you are requesting for the Student Health Insurance provided by Renaissance, Inc. Insurance.
(Please print clearly. If your form is illegible or incomplete it will delay processing.)**

*******TO BE COMPLETED BY THE STUDENT*******

Student Name: First: _____ Last: _____ SS#-Required: _____

Address: _____ City, State Zip: _____

Date of Birth (MM/DD/YYYY): _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Program: D1 D2 Intern MBA N1 N2 P1 P2 P3 Email: _____

Name of Current Insurance Carrier: _____ Policy Number: _____

Policy Holder Name: _____ Relationship of Policy Holder to Student: _____
(Please sign the form below as indicated)

Insurance Carrier Phone: (_____) _____ Insurance Carrier Fax: (_____) _____

I certify that I am currently participating in the above health insurance policy and will continue to participate throughout the 2009-2010 academic year. I am including/will submit with this completed form (or a letter from my insurance carrier, or a Certificate of Credible Coverage) a summary of benefits, and front and back copies of my current insurance card. **It is my responsibility to submit the information to the Registrar/Student Services Office by the indicated deadline.** I further authorize the University of Southern Nevada and its designees to contact my insurance carrier (if needed) to obtain any additional information.

I understand that by my submitting this waiver request, I am adhering to the University of Southern Nevada's policy which requires all students to have health insurance coverage. If, during the year I fail to meet the health insurance policy requirement, I may be suspended from the University or be required to obtain Renaissance, Inc.'s Student Health Insurance plan.

Student Signature: _____ Date: _____

Signature of Policy Holder if different from above: _____

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***** **↓ TO BE COMPLETED BY THE INSURANCE CARRIER OR REPRESENTATIVE ↓** *****

**Please complete and fax to: 702-968-1643 Attention to: Registrar/Student Services Office by the indicated program deadline.
(confirmation letter on carrier letterhead or a copy of the Certificate of Credible Coverage will suffice)**

I certify that _____ is currently covered under the following health insurance plan:

Name of Insurance Carrier: _____ Policy #: _____

Dates of Coverage: _____ to _____ Policy Holder's Name: _____

Insurance Representative (Please Print): _____ Date: _____

Insurance Representative Signature: _____ Title: _____

Insurance Representative Contact Phone #: _____

GENERAL INFORMATION AND INSTRUCTIONS FOR ADDING DEPENDENTS TO THE STUDENT HEALTH INSURANCE POLICY

The following steps must be followed (AFTER THE FIRST DAY OF CLASS) in order for you to ADD your dependent to your Renaissance, Inc. student insurance health policy.

1. Go to the Renaissance, Inc. website page at www.renstudent.com/usn
2. Select the appropriate 2009-2010 academic year
3. Click on the here link as indicated below.

Attention Students!

Click [here](#) to enroll eligible dependents using our secure environment.

4. Be aware: Dependent cost is charged to your credit card immediately upon enrollment. The effective date of coverage will be the first day of class for your program.
5. You may print your insurance/prescription card via the USN website at www.usn.edu/insurance and scroll down to the bottom of the page. The card serves two purposes for doctor and pharmacy visits.

The 2008-09 Student Injury and Sickness Insurance Plan brochure may be accessed by the website address listed above. The online 2009-10 brochure will be available on May 1, 2009. The costs for the year are:

Spouse - \$2,079.00

Each Child - \$1,368.00

Note: You will always receive a bill in the mail after a doctor visit. Please make copies and attach a letter addressed to PIA (address below) and mail the information. PIA will be contact you on what you are obligated to pay.

Claims questions must be directed to Personal Insurance Administrators by the student. Have your membership information (located on your ID card) ready. Claim forms may also be accessed by the website address listed below.

General Insurance Questions:

Renaissance Inc.
Ph: 1-800-537-1777 or 310-394-0440 Fax: 310-394-0142
www.renstudent.com

Claims Questions:

Personal Insurance Administrators (PIA)
Make sure you keep copies of all claim paperwork submitted.
P.O. Box 6040
Agoura Hills, CA 91376-6040
Ph: 1-800-468-4343 (Students must contact PIA directly for claims)
www.piaclaims.com