



## GRADUATE STUDENT DENTAL WAIVER FORM: 2009-2010

***\*Must be completed by September 15<sup>th</sup>\****

On an annual basis, all regular full-time graduate students at Rensselaer are **AUTOMATICALLY** enrolled in the **annual** dental insurance program (Delta Dental PPO Plus Premier Group Plan 00975). The fee for this dental insurance (\$99.00/semester) is included on your tuition bill. (See [studenthealth.rpi.edu](http://studenthealth.rpi.edu) for more information about the dental plan.)

If you have dental insurance through your family or another plan that includes coverage while in the Troy, NY area, you may **WAIVE** this coverage. However, you **MUST** submit proof of other coverage. If you wish to **WAIVE** coverage, please read and complete this form carefully. This waiver process will need to be completed annually, by September 15<sup>th</sup> of each year.

- A. Student's Name-Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Student's Soc. Sec. No. \_\_\_\_\_ Rensselaer ID No. \_\_\_\_\_  
 Date of Birth (mm,dd,yy) \_\_\_\_\_ Gender: M or F  
 Local School Address-Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address-Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_
- B. Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insurance Company Phone \_\_\_\_\_ Policy Holder ID \_\_\_\_\_  
 Insured Name \_\_\_\_\_ Insured Soc. Sec. No. \_\_\_\_\_
- C. I elect to waive the Rensselaer Graduate Student Dental Plan. I certify that (1) I have dental insurance coverage through the policy described above; (2) I will maintain this coverage or comparable coverage throughout the 2009-2010 academic year; and (3) I am responsible for dental expenses incurred during my enrollment at Rensselaer.

Student's Signature **REQUIRED** to Waive coverage. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fax or mail this form to the address below (attention Bonnie Bornt). It must be received by the waiver deadline of September 15<sup>th</sup>, 2009. New spring enrollees may waive spring coverage by submitting this form by February 15<sup>th</sup>, 2010.**

Rensselaer Polytechnic Institute  
Student Health Center  
3200 Academy Hall | 110 8<sup>th</sup> Street | Troy, NY 12180-3590  
Phone (518) 276-6287 | Fax (518) 276-8573 | [healthcenter@rpi.edu](mailto:healthcenter@rpi.edu)