Rensselaer | STUDENT HEALTH CENTER

GRADUATE STUDENT DENTAL WAIVER FORM: 2011-2012

Must be completed by September 15th

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 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 15th 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_____

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 2011-2012 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, 2011.

Rensselaer Polytechnic Institute
Student Health Center
3200 Academy Hall | 110 8th Street | Troy, NY 12180-3590
Phone (518) 276-6287 | Fax (518) 276-8573 | *borntb@rpi.edu*